VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07599

### CERTIFICATE OF DEATH

Reg. Dist. No. 302

,				
1. PLACE OF DEATH: County Washington			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Outil)	m	••••••	State Maryland County Washing	ton
City or town	I ifetim	L and give nearest town)	City or town	rive nearest town)
Hospital, institution, or street address where death occurred:  Washington Dounty Hospital			Street No. 128 N. Locust Street	
How long in hospital or institution?	3 Days		2.(a) It veleran, name war	
3. (a) FULL NAME			3. (b) Social Sec	curity Number
Robert Blair	Adams		No	NE
4. Sex   5. Color or race		rried, widowed, or divorced	MEDICAL CERTIFICATIO	N
Male White	Sin	gle	20. DATE OF DEATH. 7.22.48	
6,(b) Name of husband or wife		τ χ	21. I CERTIFY that death occurred on the date above stated: that I attend 7.21.48 19	ed deceased from
7. Birth date of	6.(c) If	alive, give ageyears	and that I lost sow h 1m allow on 7, 22, 48	19
deceased (mo., day, yr.) NOV.	E1,174/		Immediate cause of death ACIGOSIS.	
8. AGE: Years Months		t less than one day		2 days
0 8	1	hrsmin.		
9. Birthplace Hagers to WI	Washing	ton, Maryland	Oue to	
10. Usual occupation		***************************************	Due to	***************************************
11. industry or business				
質 12. Name Richard S		ms .	Other conditions Pertussis.	3 Wks.
13. Birthplace Hagerst	own, Md/		(Include pregnancy within 3 months of death)	
14. Maiden name Natali 15. Birthplace Sharpsbu	e Stocks	lager	(include pregnancy within a months of death)  Major fieldings of operations	
E 15. Birthplace Sharpsou	rg, Ma.			1
16. Informant Richard S Address 128 N. Locu	COLUMN TO THE PARTY OF THE PART	gerstown, wa	Actopsy results	harged statistically.
Burial  (Burial, cremation, or removal, Wh		July 25,1948 (month) (day) (yesr)	22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide	
(Burial, cremation, or removal, Wh			Where did injury occur?	(State)
Location Sharpsbur	g. Md.		Injured at home, farm, industry, public place (where?)	
			Mesns of injury injured at wo	rk?
18. Funeral directorEdith\  Address / Williams	ort, Md.	***************************************	All Marand	MD
19. July 24 19.4	8 fins	AffBowers	23. SIGNATURE CONTROL Address Hagerstown, Md. Date	M. D. or other signed 7.24.48

RECEIVED
JUL 27 1948

THE ROLL OF STREET HIS RECT

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

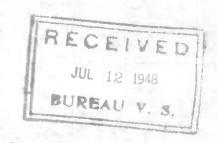
BINDING

2411 N. Charles St., Baltimore

076110

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Washington  City or town Haserstown infants, write RURAL and give nearest town)  Street No. 1021 Corbett St  (If rural, give LOCATION)  None  3. (b) Social Security Number
MRS BERTHA MAY ANDREWS  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Famale White Married	MEDICAL CERTIFICATION E.D. 3.7. A  20. DATE OF DEATH JULY 7 1948  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	and that I last saw h learn of death
S. Birthplace Hagerstown Wash. Co. Md.  (Town, county, and state)  ID. Usual occupation. Housewife  11. Industry or business Own Home    12. Name	Bilateral chemical pneumonia  Due to
18. Funeral director. Andrew K. Coffman  Address Hagerstown Md  18. July 9. 19 48 Phastfl Bowers  Watered by registrar) 19 48 Registrar	DEPUTY MEDICAL EXAM.  23. SIGNATORE DELLA WORK DOLLA WORK TO MEDICAL EXAM.  M. D.  M. D.  Address Date signed 7. 19/48



/ e/	Evidence for change of MARYLAND STATE DI	
10	CEDTICATE	es St., Baltimore
orrect.	HILLING. U 11/3LF & 1340	
0 %	1. PLACE OF DEATH:	2. USUAL RESIDENCE (For newborn infants
information carefully. The of death clearly and legibly	City or town (If Satside city or town limits, write RURAL and give nearest town)	City or town (17 outside c
ueau cicaliy al	How long in above place of death?	Street No. 105 E.
	Wash atton Co. Hogsetal	JULIE NO.
	How long in hospital or institution?	2.(a) If veteran, name war
	alfred. W. Baer	
1	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	M
	W. W. married	2D. DATE OF DEATH
	6.(b) Name of husband or wife. Myra M. Baer	21. I CERTIFY that death occurr
	T. Birth date of September 2 1 5 7 7 8 1 8 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	and that I last saw ha
100	8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
	107 +8. // 3hrsmin.	***************************************
	9. Birthplace Mows 55 17 Mar Fa (Town, county, and state)	Due to Sattom
	10. Usual occupation Store Mger	Due to.
	11. Industry or business	Due 10
	12. Name Willia 271 A Back 13. Birthplace Mawersville B	Dther conditions
	14. Maiden name Cakhrme Care Fa.	(Include preg
-	15. Birthplace Lungan Pa.	Major findings of operations
	16. Informant Mayer In Baers	Autopsy results
	Address 133 & Washington Magerslone	22. VIOLENCE: If death was a
	(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or completes SATIZAGITIST	Where did injury occur?
	Location SHIDPSHIPS LUNG TENTO	Injured at home, farm, Industry
	18. Funeral director Me Carpaill Barbary	Meens of injury
	Address 1 Strippensburg ta	23. SIGNATURE

## TATE DEPARTMENT OF HEAD

.TH	^	X	
11	F		
10	3		

************	(For newborn infants give residence of mother)  State. Manyland County Was land of the state.
own)	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No. 105 C. Was Ration St. (If rural, give LOCATION)
	2.(g) If veteran, name war
	3. (b) Social Security Number
ed	MEDICAL CERTIFICATION
	2D. DATE OF DEATH July 11-1: 19.4.8, at 2 16. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
years years	and that I last saw h
	Immediate cause of death
mla.	Due to Sastoma of the lines
	Due to.
••••••	Diher conditions
	(Include pregnancy within 8 months of death) Major findings of operations. Sarchula II lived
10/2	Antopsy results
-48	22. VIOLENCE: If death was due to external causes, fill in the following:
year)	Accident, suicide, or homicide
••••	Whera did injury occur?
Va-	Injured at home, farm, industry, public place (where?)
	Meens of Injury Injured at work?  23. SIGNATURE Maraase Amlas M. D.
Registrar	Address Magnitury Man Date signed 7 11 48

RECEIVED

JUL 14 1948

BUREAU V. S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07602

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Pennsylvania County Franklin  City or town Waynesboro (If outside city or town limits, writs RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, writs RURAL and give nearest town)  Street No
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Oscar Thomas Baker	3. (b) Social Security Number 173-03-3284
Male   5. Color or race   6.(a)Single, married, widowed, or divorced   Widower	MEDICAL CERTIFICATION EDT July 9 1948 SOUT
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot deceased (mo., day, yr.) May 27 1889	and that I last saw halive on
8. AGE: Years   Months   Days   It less than one day   59   1   13	Immediate cause of death
9. Birthplace Springfield Ohio (Town, county, and state)	Due to Avulsion of skull
10. Usual occupation Cook  11. Industry or business White Swan Tavern	hemorrhage & shock
Upton Sinclair Baker  12. Name Upton Sinclair Baker  13. Birthplace Springfield Ohio	Dther conditions
14. Maiden name Susie Minnich  15. Birthplace unknown	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Claude E Baker Address Rouzerville, Penna	Autopsy results
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematoryLocust Valley Cemetery  Burkittsville Maryland	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicae C. C. ident. Date July 9:48  Where did injury occur? Smithsburg Md  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?) W. M. Md. RR Track
18. Funeral director. C.M. Suter and Sons	Means of injury truck by train injured at work?
Address Hagerstown Maryland  18 Lucy 19 LK gw. W. Eugust  18 (Date rec'd by registrar)  Registrar	23. SIGNATORS Poles + Wells WASH. CO., MD.  M. D. of const  Address Date spines Light 10 498



JUL 16 1948
BUREAU V. 3.

RESERVED FOR BINDING

MARGIN

PLEASE WRITE

age

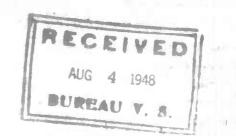
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

07603 Reg. Diat. No. 382

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	wasnin	g ton	•••••	State Maryland County Washingt	222	
City or town	outside city or town	LOWII	RURAL and give nearest town)	State Maily Land County Washing Con		
Haw long to above play	and death?	ife		City or town (If outside city or town limits, write RURAL and give ne	arest town)	
Hospital, Inetitution,	or straet address whera	death occurre	d:	235 Summit Avenue		
235 Summit Avenue.				(If rural, give LOCATION)	,010,000,000,000,000,000,000	
How long in hospital or institution?				2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) Social Security	Number	
In the same		Willi	am Bazel	217-18-71		
4. Ses	5. Color ar race		la, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Single	20. DATE DF DEATH. July 31, 1948 818.30	Air M	
54.25.57.5						
B.(6) Name at husban	or wife			2 1 1 1 2 2 2 1 1	14 19 4 F	
7 Bloth date of			(c) If alive, give ageyear	and that I last saw h 1 22 alive on 3 0 July		
daceaead (ma., day	June June	11, 1	877	Immediate cause of death		
8. AGE: Yes		Days 20	If fess than one day	Carcinian of liver	6 772 0	
			t .		••	
B, Birthplace	ownsville	. Was	h. Co. Md.	. Due to	* *************************************	
				I)		
10, Usual accupation		i.Le.r	•••••••••••••••••••••••••••••••••••••••	Due fo		
11. Industry or buein						
			Tri i i			
			Virginia	(Include pregnancy within 3 months of death)		
臣 14. Maiden nam	. Ann M	Cris	well Maryland	Major findings of operations		
15. Birthelaca	Keedys	ville.	Maryland	Date of op.		
	Mr. Harm	r Atron				
16. Informanf		Congression of the Congression o			statistically.	
Address 2	35 Summi	Ave.	Hagerstown, M	PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, fill in the following:		
Bu Bu	rial	Date the	reof Aug. 3. 1948 (month) (day) (year)	Accident, sulcide, or homicide		
				Accident, Suicide, or nonscide		
Cematery or crem	atory Fair	riewC	emetery.			
			Maryland			
18. Funeral director	Fred V	V. Kra	iss	Means of Injury Injured at work?		
			Maryland.	89 1 0 24 . 10.	da	
		4	East Bever 1	23. SIGNATURE	orother	
Date rec's by	registrar)		Registra	Address A Cylintum Date signed	7/3//45	



### MARYLAND STATE DEPARTMENT OF HEALTH

Street No. (If ruro), give LOCATION)  Street No. (If ruro), give LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) Full NAME  4. Set S. Color or ruce S. (a) Single, marred, highered or diverged to the street of the street o	CERTIFICA	TE OF DEATH Reg. Dist. No. 70
3. (a) FULL NAME  Clica Fella Bleker  6. (a) Single, marred, nighyed, or directed with the following:  6. (b) Hame of husband or wite.  6. (c) Hame, give age.  7. Birth date of deceased (no., day, rr.)  9. Birthplace.  9. Birthplace.  10. Usual accupation.  11. Industry or business  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Informant.  15. Birthplace.  16. Informant.  17. Burial.  16. Informant.  17. Burial.  17. Burial.  18. Burial.  19. Burial.  10. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace.  14. Maiden name.  15. Informant.  16. Informant.  17. Burial.  17. Burial.  17. Burial.  18. Funeral director.  18. Funeral director.  18. Funeral director.  19. Complex or crematory.  19. Injured at work?  19. Injured at work?	County	State County Cou
8. (b) Name of husband or wife.  8. (c) It alve, give age.  9. Birth date of deceased (mo., day, yr.)  9. Birthplace.  10. Usual occupation.  11. Industry or business  12. It is an		3. (b) Social Security Number
7. Birth date of deceased (mo. day, v.) Pully 12 16  8. AGE: Years (Months) Days It less than one day  10. Usual occupation.  11. Industry of business  12. Name Address Littlestown, Pa.  13. Birthplace (month) Pa.  14. Maiden name (latter than the following: Address Littlestown, Pa.  15. Birthplace Frederick (month) Date thereof.  16. Informant Littlestown, Pa.  17. Burial (month) Pa.  18. Funeral director. G. Q. C. FUSS & SON.	F W Widowed	20. DATE OF DEATH. Fully 13 19 48, at 10:
9. Birthplace Cansolin (Town, country, and state)  10. Usual occupation (Town, country, and state)  11. Industry or business  21. Name Algulus (Unclude pregnancy within 5 months of death)  13. Birthplace (Include pregnancy within 5 months of death)  14. Maiden name Littlestown Major findings of operations.  16. Informant Mrs Sarah E. Snyder  Address Littlestown Pa.  17. Burial (Burial, cremation, or removal, Which?)  18. Eurial, cremation, or removal, Which?)  Cemetery or crematory Littlestam (month) (day) (year)  Cemetery or crematory Littlestam (Country) (State Injured at home, farm, industry, public place (where?)  18. Funeral director G. C. FUSS & SON	7. Birth date of deceased (mo., day, yr.) July 12, 1876  8. AGE: Years Months Days It less than one day	and that I last saw h & alive on July 5 19.  Immediate cause of death DURAT  Magignant tumps at humans
12. Name Accident, suicide, or homicide.  13. Birthplace Accident, suicide, or homicide.  14. Malden name Address  15. Birthplace Accident, suicide, or removal. Which?)  16. Intermant Littlestown, Pa.  17. Burial (Burial, cremation, or removal. Which?)  18. Funeral director.  19. Complete the canse to which death should be charged statistical formula of the complete the canse to which death should be charged statistical formula of the complete the canse to which death should be charged statistical formula of the complete the canse to which death should be charged statistical formula of the complete	9. Birthplace Carsoll County and state)  10. Usual occupation	Due to.
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistics. PHYSICIAN: Please underline the cause to which death should be charged statistics.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Cemetery or crematory.  Lutheran  Location  Taneytown, Md.  18. Funeral director.  Cacaption  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistics.  Accident, suicide, or homicide.  (City or town)  (County)  (State  Imjured at home, farm, industry, public place (where?)  Injured at work?	12. Name Jaleuliue f. Harmon  13. Birthplace Ferma.	(Include pregnancy within 3 months of death)
Burial Burial Date thereof July 16,1948 Accident, suicide, or homicide Oate of	16. Interment Littlestown Pa.	Date of op.
18. Funeral director C. C. FUSS & SON Mesns of Injury Injured at work?	Burial Burial Bate thereof July 16, 1948.  (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Address Taneytown, Md.	18 Funeral director. C.O.FUSS & SON	Injured at home, farm, Industry, public place (where?)  Mesna of Injury  Injured at work?

MARGIN RESERVED FOR BINDING

RECEIVED

JUL 17 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

E	200	Di	of:	N

## CERTIFICATE OF DEATH

How long in above place Hospital, Institution, of Williams How long in hospital of 3. (a) FULL NAM	Ownsville Ownsville outside elty or town is e of death? r street address where port, Md. r Institution?	8 yes death occurred RFD#]	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State Maryland Cou City or town Downsville (If outside city or town limits Street No. Williamsport, M (If rural, give 2.(a) If veteran, name war.	mother)  aty	est town)
Anni 4. Sex	e L. Bow		e, married, widowed, or divorced	MEDICAL C	NONE	<u> </u>
Female	White	S	ingle	20. DATE OF DEATH July 16		130
	yr.) Sept.	12,18 Days	e) If alive, give ageyears	21. I CERTIFY that death occurred an the date about 19	48 to July 1	L 19.4.8
61	10	4	hrs min.	Carremona	utuus	4 mas
1D. Usual occupation.  11. Industry or busines  12. Name And  13. Birthplace	House House House Rew B. Bellington	Maid e work owers	ntv. Marvland	Due to	months of death)	
E 15. Birthplace	Washingt	on Cou	unty, Maryland	Major nudings of operations.		
	/Sallie		anty, Maryland	Autopsy results		
Buria (Burial, cremation	n, or removal. Which?	Date there	Cemetery	22. VIOLENCE: If death was due to external can Accident, suicide, or homicide	Date of	
				Injured at home, farm, industry, public place (w		
	Mra Edit			Means of injury	Injured at work?	
	iamsport	2	Le McChange	23. SIGNATURE DO TO LAND Address Williagnofor	( F-	r other 111146



at not at much a

correct age

information carefully. The of death clearly and legibly

Supply e

MA	UNF ant.
T	WITH UN important
3	PLAINLY, is especially
9-45-15M	WRITE PL.
VS A15	PLEASEW
S	7.

# MARYLAND STATE DEPARTMENT OF HEALTH

Registrar

Address.

2411 N. Charles St., Baltimore

93d

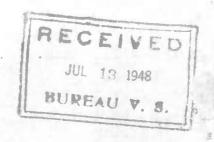
Dr. Cohen 7606

### CERTIFICATE OF DEAT

OF DEATH	Reg. Dist. No	308 303
2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of moth	ECEASED:	
Maryland County	Washing	ton
Glearenring	Route #1	
(If outside city or town limits, wr Broadfording	te RURAL and give near	est town)
ifreet No. (Ifrural, give LOC		
2.(a) It veteran, name war None	ATION)	
.(u) II veleran, name war	/2\ C + 1C + 3	
	(b) Social Security N	
	214-09-2	069
MEDICAL CERT		
O. DATE OF DEATH July 10	19 48	1:30
1. I CERTIFY that death occurred on the date above et FEB. 25, 1942	JULY 10	48
nd that I last saw h I.M., alive on JULY	10, 1948	19
mmediate cause of death		DURATION
YPERTENSIVE CARDIAC DI	SEASE	6 YEAR
CARDIAC DILATATION ACU		2 HRS.
ζΧΧΧ		
ue lo		
ther conditions		
		•••••••••••••••••••••••••••••••••••••••
(Include pregnancy within 3 month		
(Include pregnancy within 3 month		
lajor findings of operations. Lesne .	ns of death)	
lajor findings of operations. Leone ·	ns of death)	
otopsy results	os of death)	
otopsy results	ns of death)	
Notopsy results.  PHYSICIAN: Please ooderline the caose to which of the caose to which o	Date of op	
Major findings of operations. Llone .	Date of op	atistically.

I. PLACE OF DEATH: Washington (If outside city or town limits, write RURAL and give nearest town ll yrs. Hospital, Institution, or street address where death occurred: Broadfording Road How long in hospital or institution?..... 3. (a) FULL NAME John Jay Charles 6.(a) Single, married, widowed, or divorced White Single Male 6.(b) Name of husband or wife ... March21, 1899 deceased (mo., day, yr.) Days It less than one day Years Months 8. AGE: 29 49 3 9. Birlhplace Charles Mill, Wash, Co. Md. (Town, county, and state) Farmer 10. Usual occupation. Active 11. Industry or business John Charles Charlton Md. 13. Birthplace 14. Maiden na Susan Carr 14. Maiden name Belaire Md. Clark Charles Clearspring Md. Address Burial 7-12-48
(month) (day) (year) (Burial, eremation, or removal, Which?) Cemetery or crematory St. Paul Cemetery Route #40Western Pike Md. 

Hagerstown Md.



WRITE

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### Dr. Zimmerman 07607

CERTIFICAT	TE OF DEATH Reg. Diat. No3.02
1. PLACE OF DEATH:  County. Washington  City or town. Hagerstown. Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?. 2. Weeks.  Hospital, Institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution?. 2. Weeks.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Sophie S. Cooper	none
Mrs. Sophie S. Cooper  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Married	20. DATE OF DEATH July 23, 19.48 31 / 45 C.
S.(b) Name of husband or wife Fay C. Cooper  5.(c) It allve, give age S5 years  6.(c) It allve, give age S5 years  7. Birth date of deceased (mo., day, yr.) Dec. 30, 1885  8. AGE: Years Months Days It tese than one day  62 6 23 hrs. min.  9. Birthplace Dry Run Wash Cty. Md.  10. Usual occup? Housewife  11. Industry Own home  12. Name Scott Seibert  13. Birthplac Clearspring, Md.  14. Malden name Virginia Seibert  15. Dirthplace Clearspring, Md.  16. Informant Fay C. Cooper  Address Hagerstown, Md.	21. I CERTIFY that death occurred on the date above eigled; that I attended deceased from  19. 4. 5. to
Durial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Cometery or crematory  Constitution  Clearspring, Md.  18. Funeral director  Andrew K. Coffman  Address  Hagerstown, Md.  19. Kelly 25  19. March Marc	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide

RECEIVED

JUL 27 1948

BUREAU V. S.

ct age

9	an C
	WITH U importan
	PLAINLY, is especially
Σ	PI
9-45-15M	WRITE
ory ev	PLEASE
2	PL

THE A PARTY A SEED	CORD A PRINT	TO THE A TO PRINCIPAL PRIN	0.17	WWW A W COTES
RALD VI A KIIL	C. I. A. I. L.	DEPARTMENT	8 B L	HEALTH.
MARILAND	SIAIL	DEFARINGEN	UFF	DUC-ALL LIL

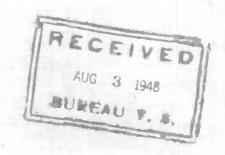
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93 d

07608

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) (For newborn infants give reindence	OF DECEASED:
County Washington		
Williamanont	state Maryland	county Washington
(If outside city of town limits, write NURAL and give nearest town)	City or fown Williamspo:	rt mits, write RURAL and give nearest town)
How long In above place of death? Lifetime		
Hospital, Insiliulion, or street address where death occurred: 23 West Church St.	Street No. 23 West Church	ehbSt.
		rive LOCATION)
How long in hospital or inslitution?	2.(a) If veleran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Mary Elizabeth Cramer		None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Female White widowed	20. DATE OF DEATH 7-2	9-46 19 1211
5.(b) Name of husband or wife illiam Cramer	21. I CERTIFY that death occurred on the date	above stated: that I attended deceased from
	6-1-44	19 10 19
7. Birth date of 36 3 9 C C	and that I last sawalive on	-2-9-4F 19
deceased (mo., day, yr.) May 15, 1866	Immediate cause of death	OURATI
8. AGE: Years Months Days It less than one day		
82 2 14hrs	in. Cudio Vince	la drain
9. Birthplace Near williamsport, wash., Maryla	and oue to	692
	01/2/	
10. Usual occupation Housewife		
11. Industry or business	Oue to	
		······································
12. Name John Spigler 13. Birthplace Near williamsport, Md.	Other conditions	
	(Include pregnancy within	3 months of death)
14. Maiden name Annie Farrow 15. Birthplace Near williamsport, Md.	Major findings of operations	
Near williamsport, Md.		
Tr:		
	Actopsy resolts	which death should he charged statistically.
Address Williamsport, Md.		
Burdal July 31 194	22. VIOLENCE: If death was due to external	
Bur1al (Burlal, cremation, or removal. Which?)  Oale thereof. July 31, 194 (month) (day) (year)	Accident, suicide, or homicide	Oate of
Cemetery or crematory St. Pauls Cemetery	Where did Injury occur?(City or tow	vn) (County) (State)
Localion estern like Near Clearspring,	Md alniured at home, farm, Industry, public place	
	Means of Injury	Injured at work?
1B. Funeral director Edith V. Leaf		
Address Williamsport, Md.		15/15
T. D. 51 15 8 7 MESI.	23. SIGNATURE	M. D. oreother
19. Mate rec'd/by registrar)	Ar Address June	Cate signed
drate rec droy registrar) . Regist	Augress.	The state of the s



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No. .....

/						
I. PLACE OF DEA				2. USUAL RESIDENCE (HO (For newborn infants give res	ME) OF DECEASED:	
County Washington  City or town (If outside city or town limits, write RURAL and give nearest town)			state Maryland county Washington			
City or town	utside city or town	limits, write b	tURAL and give nearest town)	William	Sport town limits, write RURAL and give	
How long in above place	of death?	Lifeti	me			
Hospitai, tostilution, or				Street No. 201 S.Art	izan	
			s Restaurant	1	rural, give LOCATION)	
How long in hospital or			***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Secur	
I	Harry Ba		avis Jr.		Non	е
4. Sex	5. Cotor or race	6.(a)Singl	e, married, widowed, or divorced	MEDI	CAL CERTIFICATION	ABDAT
Male	White	5	Single	20. DATE OF DEATH Sealer	154	5 11:15
				سيب سيستس سسحالتكسيست	the date above stated; that I attended t	lacesced from E. D.
6.(b) Name of husband	or wife		***************************************		19	
T. Birth date of			c) If alive, give ageyear	22	1	
I. Birth date of deceased (mo., day, y	a Augu	st 27,	1942	Immediate cause of death		DURATION
8. AGE: Years		Days	It less than one day	Immediate cause of death	· challe	
5	10	7.5	hrs mir	L. Commonder		***************************************
10.47			Monerland		***************************************	
S. Birthplace. W	TTG III DOT	county, and	n. Maryland	Bue to	***************************************	***************************************
1D. Usual occupation					***************************************	
11. Industry or busines				Due to	***************************************	
		es Day	/is		***************************************	*******
				Other conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 13. Birthplace	Hopewell	Mary	Lastic	(Include pregnancy	within 3 months of death)	******
里 14. Maiden name.	Elinor	Joyce	Houser	Major fiediogs of operations		
S 15. Birthplace S	hepherds	town, I	V. Va.		Date of op	
14. Maiden name.  15. Birthptace S	Harry B	arnes	Davis	Antoney respits	~	
101111111111111111111111111111111111111			Williamsport, l	PHYSICIAN: Please underline the	cause to which death should he char	ged statistically.
	D. HIGIE			22. VIOLENCE: It death was due to	external causes, flil in the following;	-1 -1-1
11 Burial	, or removal. Which	Date the	reof July 18, 1948	Accident, suicide, or homicide	Date of	1/15/48
			emetery	Where did injury occurrence	ampost Whi	
				(City	or town Read (County)	(State)
			<u> </u>	Spiured at home, farm, industry, publi	prace (where?)	15
18. Funeral director.	Mrs. Edi	th V.	Leaf	Meshs of injury	DEPUTY	EDICAL EXAM.
	iamsport			LOJ.	17 welly WASH.	CO., MD.
Audress 11		0	Pregl	23. SIGNATURE LIT OCCE	M. M. M.	December
19 Jaly	17 1949	6	he Malro	1 The accent	and the same	2/12/48

ARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

age



it was made as a

JUL 20 1948

BUREAU W. S.

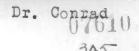
despression and all like the contract

WRITE PLAINLY, is especially

### MARYLAND STATE DEPARTMENT OF HEALTH

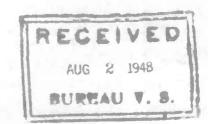
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH



Reg. Dist. No. 303

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
City or town	ethedsvi	lle	URAL and give nearest town)	State Maryland cour		
How long in above place Hospital, Institution, or Md. Sta.	of death? 6 M street address where te Refor	onths death occurred		City or town. East. New Market  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veleran, name war.		
3. (a) FULL NAME					3. (b) Social Security Number	
` '	RANVILLE	DEMB	Y		None	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	Negro		Single	20. DATE OF DEATH July 28,	194821	1
6.(b) Name of husband 7. Birth date of		6.(6	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above		
deceased (mo., day, y	a) Apri	1.118,	1920	Immediate cause of death	OURATIO	ON
8. AGE: Years		Days	If less than one day	Do of	A	
28	3	11	hrs min.	I alle ter	berculosio / 4	2
10. Usual occupation  11. Industry or business  12. NameJ. 8  13. Birthplace  14. Maiden name  15. Oirthpface	Labore mes Bent E. New 1	r tly Market	Dorchester Co.	Other conditions  (Include pregnancy within 3 m	nonths of death)	
	erome Fr			Autupsy results		
17. Buria. cremation, Cemetery or cremator Location Ea:	or removal. Which? New Ma	Date there arket	Cometery Dorchester Co.	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide  Whers did injury occur?	(County) (State)	)
	2-9, 19 48		lu V. Bast	23. SIGNATURE	M. D. of other  M. D. of other  M. D. of other	8



# 67611

2411 N. Charles St., Baltimore

CERTIFICATE OF DEAT	-
CHRISHICATH CH SERVE	Н

CERTIFICAT	E OF DEATH Rog. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wasking Com	(For newborn infants give residence of mother)
City or town	State
How iong in above place of death? 5 Mouths / Kdays	(if outside fity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Getelee Hospilal	(If rurel, give LOCATION)
How long in hospital or institution?	2.(a) if veleran, name war
3. (a) FULL NAME Margaret Phudeuce	Downs 3. (b) Social Security Number
4. Sex 5. Polor or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
funale White Widowed	20. DATE DF DEATH GULL 3 19.48, 21 2A M
6.(b) Name of husband or wile Thomas T. Downs	21. I CERTIFY that death occurred on the date above elated; that I attended deceased from
	19.45 to 19.45 19.45
7. Birth date of	and shall last saw h. C.Aalive on John San 19.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If lese than one day	Immediate cause of death DURATION
1. AUL.	Espuchial annua + 7 gra
64 7 773hrsmin.	Fullettiller suffulfaller
9. Birthplace	Due to
10. Usual occupation House wife	
	Due to
11. industry or business.	hte les lastes Or leveles
12. Name Thedesick Hours	Dither conditions of the state
El Van 9 Diekson	(Include pregnoney within 3 months of deeth)
14. Maiden name	Major findings of operations
15. Birthplace Mara a cotta	Date of op.
16. Informant Mis & M. Milslead Daughter	Actopsy results
Address / 21 yours / Count My	22. VIOLENCE: If death was due to external causes, Iill In the Ioliowing:
17. Quild Date thereol (month) (doy) (year)	Accident, sulcide, or homicide
Stalo	Where did Injury occur?
Cemetery of Crematory	
Location Duyans Land	Injured at home, larm, industry, public place (where?)
18. Funeral director. Aturn & Guy	Meane of injury Injured all work?
Address Waldow and	Thomas M. ( Parena Ton W. M.
75 July M. S HAURA	23. SIGNATURE
19. /- (Date rec'd by registrar) Registrar	Address 47 Wille 1402P. Cascall Date signed 9/3/48
	/ra·

RGIN RESERVED FOR BINDING

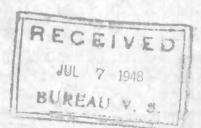
ADING INK. Supply every item of i

PLAINLY, WITH KE

PLEASE WRITE

information carefully. The correct age of death clearly and legibly.

A15 NS



PLEASE WRITE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town Hagerstown Mary and (if outside city or town limits, write KURAL and give nearest town)  How loag is above piece of deeth? 42 years	State Maryland County Washington  City or town Hagerstowh (If outside city or town limits, write RURAL and give nearest town)
Hospital, Inelitation or efreet address where deeth occurred:   Washington County Hospital	Street No. 41 North Potomac Street (If rural, give LOCATION)
How long la hospitat or institution?	2.(a) tt veteran, name war
3.(a) FULL NAME Filene Virginia Drennen	3. (b) Social Security Number NONE
4. Ses   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH July 14 145 218:40 PM
S.(b) Neme of Rueband or wife	21. I CENTIFY that death occurred on the date above stated: that fattender decessed from
7. Birth dote of	19.4 10 19.4 19.4 0
7. Birth dete of	and that I tast saw hallow alive on
deceased (me., dey, yr.) March 25 1892  8. AGE: Yeare   Beathe   Days   It less than one day	Immediate cause ul death
56 3 19hrsmin.	(Kretoneles.
9. Birthplece Clearspring Maryland (Town, county, and stafe) to. Usuel occupation Clerk	Due to J Clean
1t. taduetry or buelacce Welfare Board	
Thomas Drennen  13. Birthplace Clearspring, Maryland	Diher conditions Residence Section 1
ts Malden same Margaret Wells	(Include pregnancy within 8 months of death)
	Major fiedises of operations Theretone of manufactor
s. Sirthplace Martinsburg, W. Va.	Date of go.
ts. Informeat Mrs. Mary Fink	Autopsy results. Not fersulated
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
t7. Burial Dete thereof 7-17-48  (Burial, cremation, or removal, Which?)  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cometery or crematory Rose Hill Cemetery	Where did Injury occur?
Localica Hagerstown, Maryland	Injured at home, farm, industry, public piece (where?)
19. Funeral director, C.s. M.s. Suter & Sons	Means of Injury Injured at work?
Addrage Hagerstown Maryland	XVIII Janany W.D
(Date regd by registrar)  (Date regd by registrar)  (Date regd by registrar)	23. SIGNATURE M. D. or other  Address Address Date signed 16-88



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-2

### CERTIFICATE OF DEATH

Reg. Diat. No. 306

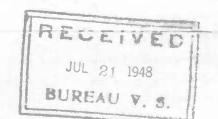
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washing Logo	(For newhorn infants give residence of mother)
City or town	State County County County
How long in above place of death? 2 mouths 4 days	City or town
Hospital, Institution, or street widress where death occurred:	Street No.
Astelle Noggelal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles alexander &	hickett
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
frale Colored married	20. DATE OF DEATH July 29 19.49 at 7:200
Boxxie & Duck of	21. I CERTIFY that death occurred on the date above stated: then attended deceased from
6.(b) Name of husband or wife.	May 25 1948 10 July 29 18 48
7. Birth date of 6.(c) If alive, give age 52 years	and that I last sawh was alive on Fully 29 19 48
deceased (mo., day, yr.)	Immediate sause of death DURATION
8. AGE: Years Months Days It less than one day	The Chitesteral Genore 6 hrs
67 / 6min.	hage .
9. Birthplace Charles County, Med.	Due to Probable Carernorsa
(Town, county, and state)	of colou
10. Usual occupation 25 Kellened	Due to
t1. Industry or business	D. A.
12. Name Charles Carrely	Other conditions Italica believes colore 2415
13. Birthplace Charles Cancelf	
H 14. Maiden name Asauxes	(3) Percel Steels months of death)
15. Birthplace Chrester Counted	Major findings of operations.
The said of the off	Date of op.  Date of op.  1. People thinks a collection province through the corp.
16. Informant Mas Besse S. Naucelly	Antopsy results Typicant ministry and make the physician formula the consecution of the physician physicia
Address Mydge, Mr.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burnal, cremation, or removal, Which?)  Bate thereof (mopph) (day) (year)	Accident, suicide, or homicide,
- A (3 ) []	Where did Injury occur?
Cemetery or crematory	
Location Outure Control of the Contr	Injured at home, farm, industry, public place (where?)
18 Funeral director Mes County CA Challes	Mons of Injury Injured at work?
Address 1631 While Hill are	orm ( to + m. n).
But 2 de 11/1/11	23. SIGNATUHE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Addres (1/Chase Haspital D. Date signed 4/29/48

V. S. A10

\* See Instruction C on stub.

MARYLAND STATE DEPARTMENT OF HEALTH Buith & Obth.
CERTIFICATE OF STILLBIRTH 159 Reg. Dist. No
o fled within 24 hours for every still birth of 20 model weeks

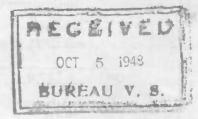
	A certificate must be filed within 24 hours for every	y stil	l birth of 20 weeks' gestation or more (see stub)
1.	County Washing ton  City or town Hacers town Md.  (If outside city or town limits, write RURAL and give nearest town)  Street address, hospital, or institution:  Washington County Hospital  Length of mother's stay in County Specific WHICH)	2.	USUAL RESIDENCE OF MOTHER:  State
	Name of child		Date of birth July 11, 19 48 Hour 5:46 A.M. No. of weeks pregnancy 22 - 24
9.	FATHER OF CHILD  Full name Berry EmmeH Edwards A  Color W 10. Age at time of this birth Doyrs.  Usual occupation/ruck Dr. ver	13.	Full maiden name Ruth Luce Pe: Her Color W 14. Age at time of this birth d/ yrs. Usual occupation Student Nurse
16.	Other children born to mother (not including present child): (b) How many other children were born alive but are now dea	(a)	
18.	Did child die before labor? No During labor? No Pregnancy, complications of None apparent.  Labor: (a) Complications of (b) Induced?		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.  (a) Fetal causes
20.	(a) Was there an operation for delivery?  (b) State all operations, if any (Yes or No)  (c) Did child die before operation?  During operation?	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.  Signature (Specify if M. D., midwife, or other)  Address 13 - W. Work J.
	(a) Cremation (b) Date thereof July 22,1948 (Buriai, cremation or removal) (month) (day) (year) (c) Cemetery or crematory (limited and control of the contro	25. <del>26</del> .	(a) Lese/19, 1948 (b) CRast Roccost (Registrar)  (To be filled out if no physician was present at delivery)
24.	(a) Funeral director Mone (b) Address		The above certificate has been examined by me.  Health Officer, per



MARGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.
(I)	WIT.
) >	PLAINLY, is especially

MARGIN	WITH UNFADING
(I	WITH
Ď	AINLY,
9-45-15M	PLEASE WRITE PLAINLY,
VS/A15	PLEASE

CERTIFICAT	E OF DEATH Rog. Dist. No. 38 3
1. PLACE OF DEATH:  Washington  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Md. Washington  State
3.(a) FULL NAME Celia M. Eichelberger	3. (b) Social Security Number None
female white Widowed or divorced	MEDICAL CERTIFICATION  July 25, 48 3./5/2
8.(6) Name of husband or wife Alexander Eichelberger  8.(c) Name of husband or wife Sept. 8.(c) If alive, give age years  7. Sirth date of deceased (mo., day, yr.) Sept. 22, 1860	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  Leggest 1. 19.38 to Legy 25 19  and that I last saw h R alive on Legy 25- 18.48  Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Corror acchesima acute 5/ms.
9. Birthplace	Due to. Hy perference cardio:  October 1880 disease  Due to.
John Kline  12. Name John Kline  13. Birthplace Md.	Other conditions
14. Malden name. Unknown 15. Birthplace	Major findings of operations Llone .  Date of op
Mrs. John Kelley  Address Clear Spring, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof July 28 1948 (Burial, cremation, or removal, Which?) St. Pauls Cemetery  Cemetery or crematory.	Where did injury occur?
Clear Spring, Md.  Snyder-Rowland  Hancock, Md.	injured at home, farm, industry, public place (where?)  Meens of injury  tnjured at work?  23. SIGNATURE  M. D. ownershor



VS A15

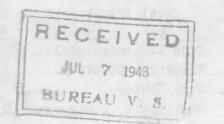
correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
				State Mapyland County Wash.	
(I	f outside city or town i	mits, write RURAL and give neares	t town)	City or town Keedysvi	11e
How long in above pla	ace of death?	day		City or town	nits, write RURAL and give nearest town)
	or street address where	alescent Home			
					ive LOCATION)
		day		2.(a) If veteran, name war	
3. (a) FULL NA	ME Oscar	W. Grossnickel			3. (b) Social Security Number
4. Sex Male	5. Color or race White	6.(a) Single, married, widowed, or div Widowed	rorced		CERTIFICATION  19 2 18 48 31 7:45P
	1				
6.(b) Name of husba	nd or wife			21. I CERTIFY that death occurred on the date a	
			vears	meny -	19 48 to Jely 2 - 19 48
7. Birth date of	Oat 10			and that I last sow halive on	18 4 8
8. AGE: Ye	y, yr.)	Days   If less than one day		Immediate cause of death	DURATION
	80 8	0.0		Cenelinal Dames	
	CO   C	44hrs	min.	Contain of Les	1 ma. 12 Any
9. Birthplace	Keedysvill (Town,	e, - Wash Md.		Due to article Ily fort	trains / no ss of
10 Usuat occupation	Wheel 1	Wright			***************************************
	0-20			Due to	
11. Industry or busin		Grossnickel		Dither conditions	
13. Birthplace	Frederic	k County			
8	Many Tro	cey		(Include pregnancy within	3 months of death)
14. Malden nam	ne####y#1d			Major findings of operations	
15. Birthplace	Washingt	on County	-		Date of op
18. Informant	Miss Mary	Grossnickle		Antopsy results	
				PHYSICIAN: Please underline the cause to	which death should he charged statistically.
Address	Keedysvill	Tuly 5 10	948	22. VIOLENCE: If death was due to external	causes, till in the following;
17 Buria	lion, or removal. Which?	Date thereof (month) (day)	(200	Accident, suicide, or homicide	Date of
(Buriai, cremati	rair	-View			
Cemetery or crem	atory Fair	- * 1C W		Where did injury occur?(City or town	
Location	Keed	ysville, Md		Injured at home, farm, Industry, public place	(where?)
18. Funeral director	R. I	. Earnshew		Meens of injury	tnjured at work?
Address	Keed	ysville, Md		IN 1.	thate m. A
(Date read by	3, 1944	00 712	Registrar	200	M. D. operation
I trung red a ph	Bioni or /			wante agent to the second seco	



The Kingson of a Little Star Land

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF			
county Washington	20-	2-1		
City or town	State Maruland county transmigter			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No. Ruhamille	md. R.I		
Robinsville Md. K.I.	(If rural, give)			
How long in hospital or institution?	2.(a) tt veteran, name war	no.		
3. (a) FULL NAME		3. (b) Social Security	Number	
7 anni Stalla Hauna		none		
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
2 1 1 1 1 m			10	
Temple While Married		- 19.48		
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above	e stated; that t attended dece	ased from	
	give 12 19.	18 10 July 9		
7. Birth date of	and that t last saw hamalive on greet	ly (16 1	19.4.d	
deceased (mo., day, yr.)	Immediate cause of death	/	DURATION	
8. AGE: Years Months Days If less than one day				
70 0 3hrsmin.	throwe Phyocas	deles -	592	
8. Birthplace S. andy Dook Wash, Co. md.	Due to.	i e	25 411	
10. Usual occupation Toruse wife	Due to			
11. Industry or business Swa Home				
= 12. Name John W. Wield	Dither conditions	***************************************		
12. Name Lu. Mield				
# 14 Maiden name Susau Stine	(Include pregnancy within 3 months of death)			
14. Maiden name Susau Stine  15. Birthplace Wash, Co. Md.	Major findings of operations			
E 15. Birthplace Liate, Co. Md.		Date of op		
16. Informant de W. Haysus	Autopsy results			
() () () () () () ()	PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.	
Address Tohlagande Mark 1	22. VIOLENCE: If death was due to external cause	ses, tili in the tollowing;		
(Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide	Date of		
met a: newsty.	Whers did Injury occur?(City or town)		404-4-1	
Cemetery or crematory MT. June Manual				
Location Cust Trong Ma	Injured at home, farm, todustry, public place (wh			
18. Funeral director Plry 3. Bast 93ons	Means of Injury	Injured at work?		
Q 1 1	GINHI	b. Q1. 1	2	
Address (5) oons of ma	23. SIGNATURE	VY Mic	othe	
1 10 48 Min Nathanie Barrella	A Bo	M, D.	or other	

MARGIN RESERVED FOR BINDING

PLEASE WRITE

RECEIVED

JUL 13 1948

PDEASE

# MARYLAND STATE DEPARTMENT OF HEALTH Dr. Wells

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH	Reg. Dist. No. 9.06
1. PLACE OF DEATH: County Washington	2. USUAL PESIDENCE (HOME) OF (For newborn infants give residence of mo	DECEASED:
	State Maryland Count	, Washington
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 10 Min.	City or town	_
Hospital, institution, or street address where death occurred:	Street No. 410 Freemont	
Washington County Hospital	(If rurel, give L	
How long In hospital or Institution?	2.(a) tf veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
HERBERT LINWOOD HERALL		219-20 -4478
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CEI	RTIFICATION
Ma le White Married	20. DATE OF DEATH JULY 15,	1948 at 1:30.
6.(b) Name of husband or wife Thelma Price	21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
6.(c) It alive, give age 29 years	19	
7. Birth date of deceased (mo., day, yr.)  July 1 1888	and that t last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
60 6 7min.	0 +10	
	aute course	
9. Birthplace Shepherdstown Jefferson Co. W. V	Store to	
10. Usual occupation Laborer		70
11. Industry or business		
13. Birtholace No Record	Other conditions	
14. Malden name No Record 15. Oirthplace No Record Raynond L. Herrall	(Include prognancy within 3 mo	onths of death)
No Record	Major findings of operations.	
Possessed I Hammal		Date of op
16, Informant	Actopsy results	h death should be charged statistically.
Address Kearneysville W. Va.	22. VIOLENCE: It death was the to external cause	
Burial Oate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Salem Lutheran cemetery	Where did [njury occur?(City or town)	(County) (State)
Location Bakersville Md.	Injured at home farm, industry, public place (when	re?)
18. Funeral director Andrew K. Coffman	Meens of Injury	Injured at work?
Addressy Hagerstown Md.	S. Kelen II	Jolla WASH, CO., MD.
July 16, 48 hhastshowsra	23. SIGNETURE	М. D.
Date rec'd by registrar) Registrar	Addy Stagendown	Oate sign



THE SHOP SHOP IN THE

former parent of all the same

all the second

MARGIN RESERVED FOR BINDING

VS. A15

correct age

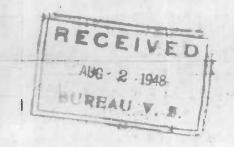
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07618 Reg. Dist. No. 30 4

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County W25 A 7 TO N	State Maryland county Washington
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. To JE # 1
Wash Co. Hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
Ray Samuel Hoth me	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 051
Male White Married	20. DATE DE DEATH 22 July 19 7 6 at 4:40 A M
6.(b) Name of husband or wife. Ilda Genevieve	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
Shepard 6.(c) If alive, give age 27 years	17 Long 1948, 10 27 July 1948
7. Birth date of	and that I last saw h. f. 72 alive on 27 Line 19 4 f.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
3.7 2 21	A ente I neephelmyelete 192
9. Birthplace Sleey Creek Morgan Co. WV	Due 10
to. Usual occupation Laborev	Due to.
1t. Industry or business	Due tu
12. Name Samuel U. Hoteman  13. Birthplace Maran Co. W. Va.	Other conditions
13. Birthplace Margan Co, W. Va.	
# 14. Maiden name Katie G. Gantt	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op
16. Informant M.T.S. IS a y	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Koutett, Hancock, Ma	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery of crematory E J. A. M. G. C. L. Z. C.	Where did injury occur? (City or town) (Connty) (State)
C 1 A 1 1 1 1 1 1	
Location Spokts CTOSSYORDS, W. La.	Injured at home, tarm, industry, public place (where?)
18. Funeral director. Charles H. 132 ST	Means of Injury Injured at work?
Address Hancock, Md.	El elm 27 H 100 11 1
Checho 30 48 JA Heller	23. SIGNATURE M. D. or other
(Date rec' by registrar)  Registrar	Address & Cyletin mb Date signed 7/28/48



2411 N. Charles St., Baltimore

131a

07619

eg, Diat. No. 302

			OBJECT IN COLL	E OI DEIIII	Reg. Dist. No
City or town(1f or (1f or How long in above place Hospital, institution, or Washi.) How long in hospital or	Washington Hagerstov utside city or town lib of death? Lif street address where ngton Col lnstitution?	vite, write RU e leath occurred:	RAL and give nearest town)	Street No. 45 West	couchy. Washington COWN COWN COWN COWN COWN COWN COWN COWN
3. (a) FULL NAME	Ida	May	Huffman		3. (b) Social Security Number None
Female	5. Color or race White	6.(a)Single,	married, widowed, or divorced  Married	MEDICAL 20, DATE OF DEATH July 1,	CERTIFICATION 1948 6;52 P.
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	3T 9	6.(c)	If alive, give ageyears	and that flast saw h	July 1, 194
8. AGE: Years 54		Days 145	It less than one dayhrsmin.	Immediate causes of death.	waselookses 1 pt
10. Usual occupation  11. Industry or busines:  12. Name	Home Dustathan D.	Monni	nger	Due to	thissolomic Today
15. Birthplace	Martha Washingto	E. Sha	nty Md.	1/2	L
			Hagerstown, Md		to which death should be charged statistically.
17. Buris (Burial, cremation Cemetery or cremate	Ros Hage	Date thereo	July 4, 1948  Cometery  Maryland  raiss	22. VIOLENCE: It death was due to extern	Date of (State)
Address  19 Colle (Date rec'll by re	L 168	-C	Maryland.	Address Togentows	M. D. or other  Bala signed



2411 N. Charles St., Baltimore

83a

07620

#### CERTIFICATE OF DEATH

Reg. Diat. No. 352

1. PLACE OF DEATH:  County Nashington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Hagers to wn	state Maryland county Washington		
How long in above place of death? 33 years	City or lown Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: 21 E. Baltimore St.	Street No. 21 E. Baltimore St.  (Ifrural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MATTIE MAY JUDD	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH JULY 77 19 18 at 7 000		
6.(6) Name of husband or wife Joseph D. Judd  6.(c) If allive, give age 58	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr.) Pedruary II, 1030	Immediate cause of death		
8. AGE: Years Months Days If less than one day 58 4 28hrs.	Cerebral Hemorrhage 10 Hrs		
9. Birthplace Luray, Virginia (Town, county, and state) Housewife  11. Industry or business	Due 10		
12. Name Joseph D. Racer 13. Birthplace Luray, Virginia	1.0		
14. Maiden name Laura Belle Rowe 15. Birthplace Luray, Virginia	(Include pregnancy within 3 months of death)  Major fiadings of operations.		
≥ 15. Birthplace	Date of op.		
Address Ali-70 Pack travers 57	Autopsy results		
11. Burial (Burial, cremation, or removal, Which?)  Date thereof 7/14/48 (month) (day) (year			
Cemetery or crematory Beahm's Chapel Cemetery	Where did Injury occur? (City or town) (County) (State)		
Luray, Virginia	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. W. T. Norment	Misans of Injury Injured at work?		
Address Hagerstown, Maryland	23. SIGNATURE Ollow & Howarden 30 15		
19 feely 125 1948 Chasfflown Reg	23. SIGNATURE.  M. D. or other  Address.  Address.  Bate signed.		

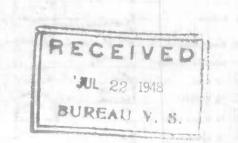
JUL 14 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07621 384

1. PLACE OF DEATH; \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother)
City or town therel Smithbling #2	State Mod County Washington
(If outside city or town limits, write RURA) and give nearest town)	City or town
How long in above place of death?	Sireet No. Southerness and #2
measures, institution, or street ended whole services	(If rural, give (OCATION)
	2.(a) It veleran, name war.
How long in hospital or institution?	
3. (a) FULL NAME Mary alice Ju	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. W.	20. DATE DE DEATH
martis tie	21. LCERTIFY that death occurred on the date above stated; that   Affended deceased from
6.(b) Name of husband or wife	Unly 13 / 1848 to Jack 17046
(6, (c) It alive, give ageyears	and that I last say h. e.s. alive on
7. Birth date of deceased (mo., day, yr.) Sept. 17. 1853	Immediate cause of death OURATION
8. AGE: Years Month Days It less than one day	Delan mare Ed en 24 h
94 10 0. hrsmin.	and the state of t
Man Suitlal a Dead	Due to Cersenal forterio - 5 Proving 12 4
9. Birthplace(Town, county, and state)	
10. Usual occupation. Atruse Dutees	-
11. Industry or, business	Due to.
12. Name was Stouffer  13. Birthplace Wash Co. md.	Dther conditions
	(Include pregnancy within 3 months of death)
H 14. Maiden name Elizabeth Schr	Major findings of operations.
15. Birthotace Wash Co. md.	
2 - N M D'1	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Smithsburg md. # 2	22. VIOLENCE: It death was due to external causes, Itil In the tollowing:
17 Burial, cremation, or remayal, Which?) (ale thereof, (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or remeyal, Which?) (month) (day) (year)	
Cemetery or crematory	Whers did injury occur?
Location Switches me # 2	Injured at home, tarm, Industry, public place (where?)
15-04 1004	Msans of Injury Injured at work?
18. Funeral director	
Address 218. Churchet, Waynesboro Ja	23. SIGNATURE G J G J G J G
July 19 WE Ster W. To	M. D. or other
19. Begistrer	14.00 marks 1000 0 000 signed 1/19/48



PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

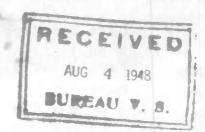
46-P

Dr. Welty (17622

#### CERTIFICATE OF DEATH

7. Diat. No. 302

						Reg. Dist. No.,	******************************
1. PLACE OF DE	EATH: ington			2. USUAI. RESIDENCE (HO			
	agerstown	mits, write RURAL and give		State West Virg	iniacou	Morgar	2
How long in above place	ce of death? 5	Weeks	nearest town)	City or town			
	or street address where	ty Hospital		Street No.			
		Weeks		11	If rural, give l		V
		Weeks		2.(a) If veteran, name war	None		
3. (a) FULL NAM						3. (b) Social Securit	ty Number
J	ames Offi	e Kave				231-03-	-8503
4. Sex	5. Color or race	6.(a) Single, married, widower	d, or divorced	MED	ICAL CE	RTIFICATION	
Male	White	Married		20. DATE OF DEATH July	v 30	10 48	3 at M
	76	47 - 77					
	d or wite		4.0	21. I CERTIFY that death occurred o		A	
7. Birth date of			48 years				19.4.8
deceased (mo., day,	yr.) Jul	y 3, 1891		and that I last saw h			
8. AGE: Yea	rs Months	Days   If less than or	ne day	Destruct		um de ci	Wasses th
	57 0	27hrs.	min.				
9. Birthpiace Sp	ring Gap,	fileganey (	Co. Md.	Due to Blean	Curl	خندب	3. more
	L			0	~ 1/a	4.7	
			7 - 6	Due to Can Can Uma	1	patra Duch	
11. Industry or busine	Pohent I	aa Varra			Υ		
目 12. Name				Other conditions		••••••	
₹ 13. Birthplace	Luray V			(Include pregnan	nev within 8 m	ontha of death)	
14. Maiden name	rannie	Herrell		Major findings of operatious			in ariharis
E 15. Dirthplace	Luray	Va.					0
		le Kave		Autopsy results Carcing			
		A.		PHYSICIAN: Please underline the	e cause lo whi	ch death should be charge	ed stationically.
Address	serkley S	prings W. Va		22. VIOLENCE: If death was due t			
17 Buria	n, or removal. Which?)	Date thereof8/2/4	18	Accident, suicide, or homicide			
48000 1 700		Way Cometer	A	Where did Injury occur?(Ci			
Location	Berkley S	prings? Morga	in Co.W.	Univered at home, tarm, industry, put	biic place (who	ere?)	•••••••••
19 Funored disease	Andrew	K. Coffman		Means of injury		tnjured at work?	
	Hagerstow		***************************************	8			100
Address	wasels tow	H MUS	0	1 23. SIGNATURE () ale	ens 2	n. W.	elly
19 aleg	2, :48	CHOLH	burery	21 7	).	0 1	D. or other
(Date rec'd by r	registrar)		Registrar	Address Hagers Car	us u	cary autate signe	8-2-48



orrect age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. They is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

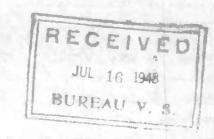
2411 N. Charles St., Baltimore

Saltimore

### CERTIFICATE OF DEATH

07623 Reg. Dist. No. 302

City or town (If parside city or town limits, write RURAL and give nearest town)  How long in above place of death? 3.0	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate.
3. (a) FULL NAME Lillian M. Ving	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or differed  Henry White Wiclowed  8.(b) Name of husband or wife Howard 2. King	2D. DATE DF DEATH.  2D. DATE DF DEATH.  21. I CERTIFY that death occurrent on the date above stated; that I attended deceased from 19.
7. Birth dale of deceased (mo., day, yr.) Mary, 4 (877)	and that I last saw 2 alive on 7 - 5 - 4 15  Immediate cause of death
8. AGE: Years Months Days if less than one day  7 1 4 7	Due to.
10. Usual occupation. Thrue Couper  11. Industry or business  12. Name. Orran Barber  13. Birthplace Paraes Trill N. Y.	Due to
14. Maiden name Aufuling Beckaft  15. Birthplace Paterio Hill U. 4.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
18. Informant Mss. May Many are. Hagesplown 290  17. Durial (Burial, cremation, or removal. Which?)  18. Informant Mss. Mss. Are gesplown 290  19. Date thereof (Month) (day) (year)	PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to exfernal causes, fill in the following:  Accident, suicide, or homicide
Location Tragerstown Md.  18. Funeral director C. L. Suman Co.	(City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)  Msans of Injury Injured at work?
Address Hagerstown Mdg  18 Last Bower  19 (Date registrar)  18 Registrar	23/ SIGNATURE M. D. or other  Address Date signed M. D.



2411 N. Charles St., Baltimore

8300

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City er town Hagenstown (If outside city or town limits, write RURAL and give nearest to How long in above place of death? Life	State Maryland County Washington  City or town (If outside by or town mains, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 431 West Church Street
Now long in hospitet or institution?	3. (b) Social Security Number
Carrie Mat Kretzer	None
4. 5es S. Color or face S.(a) Single, married, widowed, or divorce  Female White Single	MEDICAL CERTIFICATION  20. DATE DF DEATH 2 3 July 19.48 21 10 P
8,(5) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of July 21, 1881	and that I last saw n.V.F
8. AGE: Toore Months Days It less than one day 67 0 2hrs.	Immedia of cause of teath of Annountary 3 day
9. Birthplece	Due to
10. Usual accupation	Due to
Albert Kretzer  12. Name Maryland • Maryland •	Dther conditions
14. Maiden name Ca therine Ridenour	Major findings of operations.
Mrs. Roy Snook	Actorsy results.  PHYSICIAN: Please underline the cause to which death shootd he charged statistically.
Midrese 935 Spruce Street, Hagerst  Burial (Burled, cremation, or removal, Which?)  Cometery or crematory.  SHILOAH CEMETERY.	6 1948 22. VIOLENCE: It death was due to external causes, fill in the following: (year)  Date of
Fiddlesburg, Maryland.	Injured at home, farm, Industry, public place (where?)
18. funeral director Fred W. Kraiss Address Hagerstown, Maryland.	Magne of Injury
10. Jacker 26. 1948 Chast 1300	23. SIGNATURE M. D. or other Registrar Address 2390 Promus Date signed 26 July 19

MARGIN RESERVED FOR BINDING

RECEIVED

JUL 28 1948

2411 N. Charles St., Baltimore

07625

#### CERTIFICATE OF DEATH

eg. Diat. No. 307

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Washington	Slate Maryland County Washing	gton		
City or town	77			
How long in above place of death?	(If autaids situ on town limits, write RIRAL, and or	(16 autoide situ on town limits, write RURAL, and give nearest town)		
Hospital, institution, or street address where death occurred:				
Drowned in Potomac river near	(If rural, give LOCATION)	7		
How long in hospital or institution? Dargin , Md.	2.(a) If veteran, name war. World War No. 1  3. (b) Social Security Number  2/7-/0-3/0/			
3.(a) FULL NAME Charles B. Kridler				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	boutEDT		
Male White Married		1:55P		
	20. DATE OF DEATH			
6.(b) Name of husband or wife Margaret L. Kridler	21. I CERTIFY that death occurred on the date above slated; that I allende			
	and that I last saw halive on			
7. Birth data of deceased (mo., day, yr.) March 21, 1901	and that I last saw halive on			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	JUNATION		
47 3 18hrsmin	Suffocation by drowning			
9. Birthplace Hagers town, Maryland (Town, county, and state)				
(Town, county, and state)				
10. Usual occupation Silk weaver - Southern Ribb	on Co.			
1t. Industry or business				
質 12 Name Harvey R. Kridler	Other conditions			
13. Birthplace Hagerstown, Maryland				
	(Include pregnancy within 3 months of death)			
	Major findings of operations			
15. Birthplace Virginia	Oate of op.			
16 Informani Mrs. Margaret L. Kridler	Autopsy results. NO			
Address 256 S. Locust St. Hagerstown.	PHYSICIAN: Please underline the cause to which death should be ch			
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide accident  Oate of	T1137 9148		
Burial (Burial, cremation, or removal. Which?)  Oate thereotJuly 13, 194 (month) (day) (year)	Accident, suicide, or homicide accident Date of	DUTA		
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?	IVIQ.		
	Potoma	c River		
Location Hagerstown, Maryland	non to the track of the track o	er No		
1B. Funeral director Fred W. Kraiss	DEPLIT	MEDICAL EXAM		
Address Hagerstown, Maryland	13. SIGHT WILLS WA	ISH. CO., MD.		
19 July 13. 1948 hus. Katherine Dagent	13. SIGNOPP.	M. D.		
19. Date rec'd by registrar)  Registra	at Address Te sentowy his	self 124		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

RECEIVED

JUL 16 1948

BUREAU V. S.

# PLEASE WRITE PLAINLY, is especially

NS

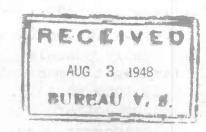
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

Reg. Dist. No. 30

·			/
1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
	0		26
		mits, write RURAL and give nearest town)	State Maryland County Washington Williamsport
How long in above place	of death?	Lifetime	City or town W1111aMSCOPt. (If outside city or town limita, write RURAL and give nearest town)
Hospitai, institution, or	street address where	death occurred:	Street No. 133 N. Artizan St.
		1	(If rural, give LOCATION)
			2.(a) If veteran, name war
3. (a) FULL NAME	3		3. (b) Social Security Number
Mary	Motter I	lemen	None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Single	20. DATE DE DEATH TELLY 28 1945 21 4 6. N
a dynamic of your	an mile		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
			1947 19 10 July 28 1948
7, Birth date of			and that I last saw h. L.M. alive on July 28 19 48
deceased (mo., day, y	o June 9,	1882	Immediate cause of death
8. AGE: Years	Months	Days If less than one day	
66	1	7hrsmin	Coule Couraling 2 years
9. Birthplace.W.11	liamsport	Wash. Maryland	Due to my accuestitio Chiance 2 year
10 Usual occupation	School 7	Ceacher (Retired)	
11. Industry or business			Due to
	The state of the s	Lemen	Dithar conditions
		West Va.	Ottig: Conditions
oc sittiplace	Nasar M	The second second	(Include pregnancy within 3 months of death)
E 14. Maiden name	Manoy Mc	ofter	Major findings of operations.
15. Birthpiace	Williamar	ort, Maryland	
AALL COME WITS	s velle	Lemen	Autopsy results
Address 133	N/ Artiz	an St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
			22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation,	or removal. Which?)	Date thereof. July 30, 1948.	Accident, suicide, or homicide
		iew Cemetery	Where did Injury occur?
Location Will	liamsport	, Maryland	Injured at home, farm, industry, public place (where?)
		eaf	Mesns ot injury Injured at work?
	iamsport,		Jun 13
Address	7	8 / (DR61)	23. SIGNATURE
19 (Date fee'd by re	() 19 4 C	O Cle III Charge	105,000 A Seast Me 12-20-48



CERTIFICATE OF STILLBIRTH

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

2. USUAL RESIDENCE OF MOTHER:

City or town He cerson

PLACE OF BIRTH:

City or town Ad (200 January)
(If outside city or town limit) write RURAL and give nearest town)

	Street address, hospital, or institution:	(If outside city or town limes, write RURAL and give nearest town
to.	Length of mother's stay in County 9 450 (How many years, or months, or days. SPECIFY WHICH)	Street No. /0/ W. Bethel Shad
	Name of child Boly Geil Lewis Sex Lemale / 6. Twin or triplet	4. Date of birth July 17 19 48 Hour 3, 10 Pm 7. No. of weeks pregnancy 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	FATHER OF CHILD  Full name Refused to give name	MOTHER OF CHILD  12. Full maiden name Letia Cotelle Lewis
	Color	13. Color black 14. Age at time of this birth 18 yrs 15. Usual occupation raid
16.		: (a) How many children of this mother are now living? ad?
18.	Did child die before labor?ho During labor?ho Pregnancy, complications of	21. Cause of stillbirth. Please be specific. For terms lib prematurity, asphyxia, etc., try to add cause thereof.  (a) Fetal causes
20.	(a) Was there an operation for delivery? (Yes or No)  (b) State all operations, if any	22. I certify to the birth of this child who was born down on the date and hour above stated.
	(c) Did child die before operation?  During operation?	Signature (Specify in M. D., midwife, or other)  Address The Adversary
22	(a) Chemation (b) Date thereof July 19, 1948 (Burial, cremation or removal)	25. (a) Lung 22 1948 (b) Charter Rowers
<b>4</b> 0.	(Burial, cremation or removal) (c) Cemetery or crematory Susla Co. To appear	(Registrar)

RECEIVED

JUL 24 1948

2411 N. Charles St., Battimore

## CERTIFICATE OF DEATH

07628

Reg. Diat. No. 302

L. PLACE OF DEATH: County Washington Hagerstown (If outside city or town limits, write RURAL an How long in above place of death? life Hoepilal, lastitution, or strast address where death occurred:	d give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Washington  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.	
Washington County Hosp Now long in hospital or institution? 5 days	TraT	(If rurs	al, give LOCATION)
3. (a) FULL NAME Na omi G. Lewi		Z.(G) is veteran, name wal	3. (b) Social Security Number 217-10-3097
4. \$22 \$. Color or race 6.(a)Singla, married,	widowed, or divorced	MEDICA	L CERTIFICATION
Female White M	arried	20. DATE OF DEATH.	4 27 1948 1313
8.(b) Name of bushand or wife Robert F. Lew  8.(c) If elive,  9. Birth dale of decassed (mo., day, yr.) April 26, 1942	give ageyears	and that last saw h	date above atated; that t attended deceased from  19. 4. 8. to 2. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Yeare   Months   Daya   It leas		Immediate cause of death	Degin = /8h
B. Birthplece Funkstown, Maryla (Town, county, and atate)  10. Usual acceptation Home duties		Due to lendance C	reading throm?
11. Industry or business  12. Namo. Clarence N. Kelle	r	Other conditions Olem	
Clarence N. Kelle Vashington Count  Washington Count			
14. Maiden name Nellie M. Reyno 15. Birthplace Washington Count		Major findings of uperations.	
16. Informant Robert F. Lewis		Autopsy results.	Date of op
Address Funkstown, Maryla			se tu which death shuuld he charged statistically.
	1 y 29 1948 month) (day) (year)		Dale of
Cometery or cramatory Rest Haven C			town) (County) (State)
Location Hagerstown, Mar	3. 11.00		ilaco (whero?)
18. Funorel director Fred W. Krais Address, Hagerstown, Mar	S	Maens of Injury	Injured at work?
10. July 29. 10 48 Phosy (Date receipt) registrar)	Hoevere, Registrar	23. SIGNATURE	cen ma . Bato algreed feels .

MARGIN RESERVED FOR BINDING

brrect age

VS A15

EfitoCH.

RECEIVED

JUL 31 1948

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Washington			State Maryland county Washington				
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)			City or town Hagers	Hagerstown			
New long in above plac	se of death?	25 yes	ırs	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 337 West Washington Street (If rural, give LOCATION)  2.(a) It veteren, neme wer.			
Mospilel, institution, o	ton Count	e death occurred	ital				
"II'O' O'TH' THE	1	ldav					
3. (a) FULL NAM	the state of the s		***************************************	2.(a) it reteren, nems wer		3. (b) Social Security N	Jambar
3. (a) FULL HAR						705-12-3639	
4. \$20	Ralph	Eugen	E Long e, married, widowed, or divorced	ME	BICAL C	ERTIFICATION	,
		1	arried	IVIE	h.a	16 48	1130
Male	White			20, DATE OF DEATH	reg		at
6,(b) Name of hueban	Hele	na Lon	<b>g</b>	21. I CERTIFY thei deeth cocurred	d on the det eb	nive context, their attended decees	19 48
			e) If elive, give ege		A19.	00019	
7. Birth date of eccesed (me., day		h 2. 1		and that I lest sew h		7 (1) 2 1	DURATION
8. AGE: Yes		Deye	It lase then one dey	Immediate caose of death	ma	9 Trolete	Jus
7	4 4	17	hrs min			X	
a Stathalasa W	orrisonv	ille.	Virginia ·	Due to		)	
. Swimpiece	(Tow	n, county, and s	mond Engineer				
			road Engineer	Duo to			******************
11. Industry or busin	B.&O	Railro	ad				15 60
臣 12. NemeH.S	nry Clay Virginia	Long		Other conditions	nec	acception -	10 XK
2 13. Dirthplace	Virginia			(Include prems	CCUV	months of death)	
분 14. Meldon nam	Mary F	rances	Cordell	Major fiediogs of operations	al	unna V	Chur
15. Dirthplece	Virgini	a		Minjor modices of operations		Dete at op	
M	Mary F Virgini	Long		Aotopsy resolts	e		
	zerstown		3 m	PHYStCtAN: Please ooderline	the cause to w	which death should be charged s	tatistically.
A STATE OF THE STA				22. VIOLENCE: It deeth wes de			
(Burial, cremati	on, or removal. Which	Dete then	7-21-48 (month) (day) (year)	Accident, sulcide, or homicide,			
Cometery or crems	tery Rose I	Hill Ce	emetery	Where did injury occur?	(City or town)	(County)	(State)
Location H	agerstow	n, Mar	yland	Injured et home, ferm, industry,	pub <sup>11</sup> c piece (1	where?)	
10. Funeral director	С. м. з	uter &	Sons	Meene of injury		injured et work?	
	agerstow			1	1/2	faces,	4.0
11.0	24 1	11 1/3	Last Sines	23. SIGNATURE	J	M D, o	rother
10 (Date rec'd by	registrar)	2	Registre	Address		Deto signed	
, , , , , , , , , , , , , , , , , , , ,							

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. They is especially important. Physicians: please write the causes of death clearly and legibly



JUL 22 1948

UNFADING INK. Supply every item of information carefully, ant. Physicians: please write the causes of death clearly and

WITH UNF important.

sorrect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07630

			CERTIFICA	TE OF DEATH Reg. Diat. No	30
1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washingt. Of Hagerst. OWN  (If outside city or town limits, write RURAL and give nother)  Street No. 118 E. Franklin St  (If rural, give LOCATION)  2.(a) If veteran, name war  MEDICAL CERTIFICATION  20. DATE OF DEATH July 3, 1948 11:30	y Number
	D		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended det  and that I last saw alrea on death.	y & 19 19
8. AGE: Years 88	Months 6	Days 5	It tess than one day hrsmin.		
13. Birthplace	Minis  Ur	ter Lownknown	ell	Due to	
14. Maiden name		known known		Major findings of operations.	······
16. Intermant MY Address 118	E. Francial Premoval Which Rest Hag	fred klin Date then Have	I. Lowell,  St. Hagerstown  St. Hagerstown  Geoff July 6, 1948  (month) (day) (year)  n Cemetery  wn, Md.  aiss	22. VIOLENCE: If death was due to external causes, till in the following;	(State)



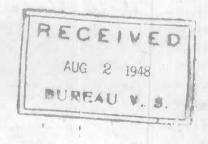
JUL 8 1948

VS-A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Maghington	(Kus newborn infants give residence of mother)  State Vannag Laurian County Franklein		
City or town	State County Thank County		
How long in above place of death?	City or town (If outside city or town limits, write RUBAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 120 Best Second St.		
Enland homes Home	(If rural, give LOCATION)		
How tong in hospital or institution? 4 m rates	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John Sheridan machen.	none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white medawal	20. DATE OF DEATH ALLY 30" 1948 at 1.405 M		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred in the date above stated; that t attended deceased from		
	april 5" 1948 10 July 30" 1948		
7. Birth date of	and that I last saw h we alive on Aly 30hi 1945		
deceased (mo., day, yr.) October 1 - 1865	Immediate cause of death		
8. AGE: Years Months Days If less than one day	act Whatation L. H. Vantrick Sellen		
82 9 29min.	article Hypertices 3 hos		
9. Birtholace Baltimore med	Due to Served and is schools 3 ms		
(Town, county, and state)	DU 10		
10. Usual occupation Stand Bland Quette	Bueto		
11. Industry or business	946 10		
	Other conditions		
12. Name William M. Machens 13. Birthplace Grafton W. Va.			
	(Include pregnancy within 3 months of death)		
14. Malden name Isabel Butson	Major findings of operations		
E 15. Birthplace Drutton U. Ja.	Date of op.		
16. Informant Relands y Killieland Muraing House	Aatopsy results		
Address Prouslope ma	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. (Burial, cremation, or reggoval, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Landan Gard Remotory	Where did Injury occur?		
8			
Location datained med:	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?		
18. Funeral director.	,		
Address Maynestesto - Cementerans.	23. SIGNATURE ALL LA MAD OF WHICE		
10 fiely 31 1945 John H. Bast	M. D. or other  Address Day sleam M. D. or other  Bate signed 7/50/48.		



2411 N. Charles St., Baltimore

13100

#### CERTIFICATE OF DEATH

07632/ eg. Diat. No. 302

	TOB: with the manual control of the
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	State and County Washington
(If outside city or town mits, write RURAL and give nearest town)	City or town R 10 # 6
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Washington County Hughel	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	MARTIN nine
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of Mute Widowel	20. DATE OF DEATH. 24 3 A
6.(b) Name of husband or wite William & Marlin-	21. I CERTIFY shar death occurred on the date above slated: That I altended deceased from
7. Sirth date of deceased (mo., day, yr.) Que 12, 1872	and that I last saw hCalive on
18. AGE: Years   Months   Days   If less than one day	Immediate cause of death. Green School School School DURATION
75 11 16hrsmin.	Cardio - Vascular-renol disease 10%
9. Birthplace Frankle Co R	Due to
(Town, county, and state)	
10. Usuai occupation	Due to
11. Industry or business	-
12. Name Jacob Sankart  13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Kathrugh Ban  15. Birthplace R	Major findings of operations
≥ 15. Birthplace	
16. Informant. William H Maile	Autopsy results
Address Hagerslain RA # 6	
17. Blurial Date thereof July 30 /1998	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Buriai, tremation, or removal. Which?)	
Cemetery or Cemetery of Cemeters of Cemetery of Cemeters of Cemete	Where did injury occur? (City or town) (County) (State)
Location Year Filmonto	Injured at home, farm, Industry, public place (where?)
18. Funeral director Communication of the Summer of the Su	Means of injury Injured at work?
Address Sciencealte & /	heren heren
July 20 49 Mastrawers,	23. SIGNATURE M. D. seather
19. Date rec'd by registrar) Registrar	Address Date signed 12011



AUG 2 1948

RESERVED FOR BINDING

MARGIN

	PI.AINI
9-45-15M	
9.4	WRITE
CIV	F C
φ 0	G

especially

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Baltimore 85

#### 0705

CERTIFICATE OF DEATH

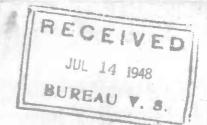
E OF DEATH	Reg. Dist. No	
2. USUAL RESIDENCE (HOME (For newborn infants give residene	C) OF DECEASED:	
state Maryland	County Washington	1
City or town Hagerstow (If outside eity or town is	n	
(If outside city or town i	imits, write KURAL and give n	earest town)
Sireei No. 602 West Was		3 0
(If rurai,	give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security	Number
	NONE	
MEDICAL	CERTIFICATION	
		115
20. DATE OF DEATH Sully -	10 19.48	al
21. I CERTIFY that death occurred on the dai	e above stated; that I attended dec	eased from
	19 48 10	10
and that i tast sawh 27 alive on		10 48
		15
Immediate cause of death		OURATION
No physics are you	allandence	
of time . History	y would	
Due to endrests Ske	elbered	
after convels		***************************************
af they continued		***************************************
Due 10		
	,	
Dither conditions Arouse Ep	elepha T	10-13/
" as	Rechalesen.	
(Include pregnancy with	in 3 months of death)	
Major findings of operations		
	Date of op	
Autopsy results		l statistically
		g statistically.
22. VIOLENCE: If death was due to externa	al causes, fill in the tollowing;	
Accident, suicide, or homicide	Date of	
Where did injury occur?		
Where did injury occur?(City or to	wn) (County)	(State)
tnjured at home, farm, industry, public plac	e (where?)	
Msans of Injury	Injured at work?	
/	42	

A Cacabor

1. PLACE OF DEATH: Washington Hagerstown Maryland
(If outside city or town limits, write KURAL and give nearest town) How tong to show piece of dasth? Life Hospital, institution, or streat address where death occurred: 602 West Washington Street New long to hespital or institution?..... 3, (a) FULL NAME Virgie B. Martin
er recs | 6.(a)Single, married, widowed, or divorced Female White Married Joseph H. Martin B.(c) to alive, give age August 14, 1880 deessand (ma., day, yr.) It iess than one day 8. AGE: Hagerstown, Wash, Co. Md. Housewife Charles Alexander Charles Alexander
12. Name. Charles Alexander
13. Birthplass Hagerstown, Maryland 14. Maidan name. Caroline Shilling 9 15. Birtholaes Hagerstown, Maryland to thiormant Joseph H. Martin Address Hagerstown, Maryland Burial (Burial, cremation, or removal. Which?) Oste thereof. 7-13-48
(month) (day) (year Comelery or crametery Rose Hill Cemetery Location Hagerstown, Maryland 18. Funerat director. C. M. Suter & Sons

Address Hagerstown Maryland

Cleas. H. Bowers



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County			4			
City or town		state W. Virginia County Berkeley Co.				
Now tong is above place of				City or town Martinsburg, W. Va.	ive nearest town)	
Hospital, Institution, or str	raet addrasa whera	death occurre	d:			
Charles M	ills, D	ownsv	ille Dist.	Street No. (If rural, give LOCATION)		
Now long to hospitat or in	atitytion?		***************************************	2.(a) If veteran, name war	V	
3. (a) FULL NAME				3. (b) Social Sec	urity Number	
	Lemuel	Webst	er May	12/2-0	7-6026	
4. 822	. Caler er raca	8.(a) Sing	la, married, widowed, or divorced	MEDICAL CERTIFICATION	V	
Male	White	Sin	gle	20. DATE OF DEATH 19.	1 9:13/	
The second second				21 I CERTIEY that death accurred on the date above stated: that trattende	ed deceased from	
6.(b) Home at husband or				July 4 - 4 th 19 they	5 -4/- 19	
T Birth data of		B.(	(c) tf alive, give ageyea	and that I last saw home alive sneed whomas	nd 19	
deceased (ma., day, yr.)	Febr	uary	14, 1908	Immediate cause of death	OURATION	
8. AGE: Yaara	Montha	Days	If less than ona day	Immediate (suse of death		
40	4	21	hrs mi	in.	3/4	
Je	fferson	Coun	tv. W. Va.		••••••	
9. Birthplace	(Town	eounty, and	ty, W. Va.	Duc to	***************************************	
10. Usuet occupetion	Labore	r	***************************************			
11. Industry or business	4 1100	t Pla	,	Due to	**********	
딸 12. Name	ohn Hen	rv Ma	V	Bas and distance		
13. Birthplaca	efferso	n Co.	W. Va.	uner conditions		
				(Include pregnancy within 3 months of death)		
14. Maiden name	Desaie	MITTI	2.1115	Major findings of operations		
14. Maiden nameB	erkeley	, Co.	W. Va.	Date of op.		
Jo	hn H. M	ау		Autopsy results.		
16. Informani Mart	inahuma	W	Vo ·	PHYSICIAN: Plesse nuderline the cause to which death should he ch	targed statistically.	
				22. VIOLENCE: If death was due to external causes, fill in the following:	-/-	
Burial (Burial, cremation, o		Date the	reef 7-8-48 (month) (day) (year)	Accident aviolde or homicide recolunt Date of	1/3/4/	
(Burial, cremation, o	Rumker	मारा	Cemetery Cear	Whera did injury occur? Johnsville M. (Cdunty)		
The second secon						
Locetica Bun	ker Hil	1. W.	Va.	tnjured at home, farm, industry, public place (where?)	it mill	
18. Funerat director H	oward K	. Bro	wn - in	Maana of injury work injured at work	(?	
	artinsb	urg.	W. Va.	10,00	actions	
1	1	CVA	6 6 1456	23. SIGNATURE SWAND	Com	
10 Kerly	( 19 4	8 114	AG Les M. Charles	My Charles and	M. D. or other	

JUL 10 1948

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. 3

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland county Washington		
City or town	City or town		
How long in above place of death? 24 A.B.X.7.5.  Hospital, Institution, or street address where death occurred:			
nospital, institution, of street searces where some	Street No. 149 N. Potomac (If rural, give LOCATION).		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Edward C. McGowan	214-09-7335		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION About ED		
Male White Widowed	20. DATE OF DEATH. July 9 48, 18:30 P		
8.(6) Name of husband or wife Florence B. Dock	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
MC Go Mc a. H			
7. Birth date of deceased (mo., day, yr.) Avaust 11, 1887	and that I last saw h		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
60 10 2 <b>9</b> hrsmin.			
9. Birthplace Green Port L. I. New York	Bue to suffocation by drowning		
10. Usual occupation Painter	Burka		
t1. Industry or business —	DUE 10.		
# 12 Name Hugh MS Gowan	Other conditions.		
12. Name Hugh Mac Gowan  13. Birthplace Milford Mass.			
14. Maiden name Laura Frances My Carthy 15. Birthplace London England.	(Include pregnancy within 3 months of death)  Major findings of operations		
15. Birthplace London England,	Date of op.		
16 Informant Mrs Mary Jane Speilman	Autopsy results. No		
Address 140 E. Waskingtonst Hagerstown Me	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
0 1 1 511 1 2 1010	22. VIOLENCE: If death was due to external causes, till in the following:		
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide.		
Cemetery or oremetery. GTreenhill	(City or town) (Cpunty) (State)		
Location Waynesbaro Penna.	Injured at home, farm, industry, public place (where?) Potomac River		
18 Funeral director Chayles R. Bast	Means of injury Injured at work? 100		
Address Handick Md	I WILL DEPUTY MEDICAL EXAM.		
12-12-115 ON Rella	23. SIGNATURE WASH, CO., MD.		
19. Date ree'd by registrary Registrary	Address Nagentinery Mal Date signed 7/10/48		

JUL 14 1948

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

07630304 Reg. Dist. No. 304

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Was , My Tan	ma . Wash		
(If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
Sarah E, Mills	·		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
T. W. Married-	20. DATE OF DEATH July 9, 19.48 at 9,459, M		
am meal II M. II			
6.(b) Hame of husband or wife WM McClellan Mills	21. I CERTIFY that death occurred on the date above stated; than I attended deceased from		
	July 2. 1948 10 July 9. 1948		
7. Birth dale of deceased (mo., day, yr.) Nov. 3 1869	and that I last saw h the alive on the same that I last saw h the saw h the same that I last saw h the sa		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION		
78 8 6hrsmin.	Chronic Briguo No 2 70.		
racte to a			
9. Birthplace	Due to Distance Constant Sura Sura		
10. Usual occupation. Housewife	Navous Simulations of The		
	Due to		
11. Industry or business			
12. Name + rancis M. M4Cornick  13. Birthplace Washington Co. Md.	Ciher conditions . G. L.		
	(Include pregnancy within 3 months of death)		
14. Maiden name Virginia Syroads  15. Birthplace Seneca Md.			
15. Birthplace Seneca, Md.	Major findings of operations.		
18. Interment Mrs. Geo. 13 as well	Date of op.		
20 = Md 21 24 5 Walt of 18 Dd	Antopsy results		
Address 3925 22 ST. N. E. Washington Ul	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cometery or-orematory St. Peters Catholic	Where did injury totur? (City or town) (Connty) (State)		
location Hancock, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Charles R. Bast	Means of Injury Injured at work?		
Address Hancock Md.	David R. Prewer M.D.		
7-12 116 1 1 260000	23. SIGNATURE ACCUSED ( M. D. or other		
19. (Date roc'd by registrar) Registrar	Address Clear Spring Mc Date signed July 9 1945		

JUL 14 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

117694

Reg. Diat. No.

. 5	U	U	10
	3	2	7

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland Couoty Washington  Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Streel No. 630 W. Washington St (If rural, give LOCATION)  2.(a) It veteran, name war. World War. 1
3.(a) FULL NAME Randolph E. Moore	3. (b) Social Security Number 214-09-5710
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Male   White   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH July 4, 1948 19. 21. P. M.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above elated; that I attended deceased from  19
8. AGE: Years Months Days If less than one day 26	Coccome / Lechon 2 yes
9. Birihplace	Due to
Address 630 W. Washington St. Hagerstow  17. Burial Date thereof July 7. 1048  (Burial cremation, or removal Which?)  Cemelery or crematory. River View Come tery  Location. Williamsport, Md.  18. Funeral director. Fred W. Kraiss	Accident, sulcide, or homicide
Address Hagerstown, Md  19. 48 Planett Source  Registrar  Registrar	23. SIGNATURE . 2W Delta 2



MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07638

CERTIFICAT	Reg. Diat. No.		
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) Life How long in abors piece of death?	State Maryland County Washington  City or town (if outside city or town limits, write RURAL and give nearest town)		
Nospitel, inelliutics, or street address where death occurred:  425 West Washington Street	Street No. 425 West Washington Street (if rural, give LOCATION)		
New long in hospital or istillulion?	2.(a) tt veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ruth Naomi Moore	214-09-3804		
4. See   5. Color or racs   6.(a) Single, married, widowed, or divorced  Female   White   Married	MEDICAL CERTIFICATION  20. DATE DF DEATH  20. DATE		
Albert L. Moore	21 I CERTIFY that death decurred on the date above stated: that I attended deceased from		
8.(c) If alive, give age 54 years			
1. Birth date of decessed (me., dey, yr.) February 22, 1904  8. AGE: Years Mesthe Dsys It less than one day	Immediate cause of death OURATION		
44 4 16hrsmin.	Saveana gurolung fel		
9. Birtheleca Hagerstown Wash Co. Md. (Town. county, and atate)  10. Usual accusation Housewife	Due to		
11. tsduetry or busisets			
12 Neme Charles W. Watkins 13. Birthelecs Hagerstown, Maryland	Other conditions		
14. Maiden seme Lydia Ann Koons 15. Birthplacs Hagerstown, Maryland Albert L. Moore	(Include pregnancy within 8 months of death)  Major findings of operations.		
2 15. Birthplacs Hagerstown, Maryland			
Address Hagerstown, Maryland	Autopsy results		
Burial Burial Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or cremetery Rose Hill Cemetery	Whers did injury occur? (City or town) (County) (State)		
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)		
18. Fuserel director	Mesns of Injury Injured at work?		
Address Hagerstown, Maryland	23. SIGNATURE M. D. or other		
19. Date rec'd by registrar) 18 48 CHARLEST SWEET	Address Willyalinghow Mobate signed ruly , d.		

JUL 13 1948

PLEASE WRITE

correct age

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

2. USUAL RESIDENCE (HOME) OF DECEASED:

076311 Reg. Dist. No. 301

#### CERTIFICATE OF DEATH

County Washington	(For newborn infants give residence of mother)		
OBM##1 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	State West Virginia County Berkeley Co.		
Cily er tewa Rural Dist.  (If outside city or town limits, write RURAL and give nearest town)	City or town Shepherdstown, Rt. 2 (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 1 day	(If outside city or town limits, write RURAL and give neares	st town)	
Hospilet, Inatitution, or street address where death occurred:	Street No.		
Charles Mills, Downsville Dist.	(If ruret, give LOCATION)		
Now long in hospital or inetitution?	2.(a) 11 veteran, name war		
3. (a) FULL NAME	3. (b) Social Security No	umber	
James F. Murphy	214-10	- 3979	
4. See   5. Celer or recn   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH. 19 2	19:100	
S.(b) Hame of husband or wile Glyads Pearrell	21. I CERTIFY that death occurred on the date above slated; that I attended decease	ed from	
	Jely 5-42 19 Jaly 5-42	19	
5. (c) Il alive, give age	and that fast and have stream with a small		
deceased (ma., dey, yr.)   Not Known   1918	Immediate cause of death.	DURATION	
8. AGE: Yeare   Mentha   Daye   if less than one day			
30hrsmin.	Lamena	2/2	
West Windows Welling Wetone		***************************************	
9. Sirthplace West Virginia, Falling Waters (Town, county, and atate)	Due to	***************************************	
10. Veuel occupetion Operator			
10. Veuel accupetion	Due to		
11. Industry or business Potomac Edison			
Herbert L. Murphy 13. Birthplece West Virginia	Dther conditions		
2 13. Birthotece West Virginia			
14. Maiden neme. Bessie K. Wagner	(Include pregnancy within 3 months of death)		
14. Maiden seme. West Virginia.	Major findings of operations		
	Date of op		
16. laformant Mrs. James Murphy	Antoney results		
Montinghum W Va	PHYSICIAN: Please ooderline the cause to which death should be charged sta	atistically.	
	22. VIOLENCE: Il death was due to external causes, fill in the following:		
17 Burial (Burial, cremation, or removal. Which?)  Dale thereol. 7-8-48 (month) (day) (year)	Accident, suicide, or homicide.	140	
	Where did injury occur? Jonnath My (County)		
Cemelery or cremalory Rosedale Cemetery	(City or town) (County)	(State)	
Locellos Martinsburg, W. Va.	Injured at home, larm, industry, public place (where?)	- mil	
18. Funerel director Howard K. Brown	Means of injury home injured at work?	- //	
	1001		
Martinsburg, W. Va.	23 SIGNATURE S EW Suts across		
LOW TO US MARK TO MAPLAM	M. D. or		
18/Cale rock by registrar)  18/Onto rock by registrar)  Registrar	Address Date signed	144	

JUL 10 1948
BUREAU V. S.

important.

PLEASE WRITE PLAINLY, v

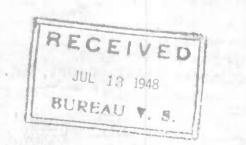
A15 SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEPTIFICATE OF DEATH

	CERTIFICAT	E OF DEATH	Reg. Diat. No	
1. PLACE OF DEATH: Washington  City or town Hagerstown (If outside city or town limits, write RURAL an How long in above place of death?  Hospital, institution, or street address where death occurred:  Washington Countyb Hospi  How long in hospital or institution?  10 Days	tal	City or town (If outside city or town Street M25 West Pot	ence of mother)  County Washingtor  The county washingtor  The county write RURAL and give no county with RURAL and give no co	
3. (a) FULL NAME			3. (b) Social Security	Number
Franklin Edward Murray			None	
4. Sex   5. Color or race   6.(a) Single, married,		MEDICI		
Male White Marri		20, DATE OF DEATH.	AL CERTIFICATION  19.48	820P
6.(6) Name of husband or wife Elizabeth R. M.  5.(c) It alive, deceased (mo., day, yr.) Dec. 10, 1875	urray give age71 years	21. I CERTIFY that death occurred on the	July 9 July 8	eased from 19.45 19.45
8. AGE: Years Months Days tf less	than one day	Immediate cause of death		- DONATION
9. Birthplace. Will lamsport, Wash., 10. Usual occupation. Barber 11. Industry or business Barbering 12. Name John Murray 13. Birthplace Williamsport, Md.	Maryland.	Due to.  Due to.  Frequency  Abactlalese.	9 J. 94 D 0	10 days
Sarah Miller  14. Maiden name Sarah Miller  Williamsport, M	Id.	Major fiediogs of operations		
16. Informant Miss Iulah Murray Address 25 w. Potomac StlWill		Aotopsy resolts		
	nly 12,1948 month) (day) (year)	22. VIOLENCE: It death was due to ext Accident, suicide, or homicide	Date ot	(State)
Location Hagerstown, Md.		Injured at home, farm, Industry, public		(10000)
Location Test by Tone		Means of Injury	Injured at work?	
18. Funeral director. Edith V. Leaf Address, Williamsport, Md.		23. SIGNATURE	functional ;	
19. feely 11 19 48 Chay  Date recht by registrar)	Hizwest Registrar	Address Williams	pares mel Date signed	71,0 48



1. PLACE OF DEATH:

### A15 SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

#### CERTIFICATE OF DEATH

Reg. Dist. No ...

County	Was	nington		(For newborn intants giv			
City or towa. Roxbury Maryland (If outside city of town limits, write RURAL and give nearest town)		Stete Maryland Couchy Washington					
(If outside city of town limits, write RURAL and give nearest town)		City or town Roxb	City or town (If outside city or town limits, write RURAL and give nearest town)				
How long in above   Hospitel, institution	place of death? w, or street eddress where	deeth occurred:					
State	Penal Far	m .	***************************************	Street No	(If rural, give LOCA		=:,=:0000000000000000000000000000000000
Now long in hospi	fal or institution?			2.(a) If veteren, neme war			
3. (a) FULL N					3.	(b) Social Security	Number
		John E.	Nimmo			NONE	
4. Ses	5. Color or rece		narried, widowed, or divorced	MF	DICAL CERT		
	White	W	dower				I PA
Male	IMULTO					19. H8.	
6.(b) Name of hus	band or wife	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		21. I CERTIFY that geeth occurred	d on the dete ebove stet	ed; that I ettended deces	eed from
		B.(e) 1	if elive, give egeyet	rs hue	19.7.0	10 July 11	19.10.
7. Birth dete of	. T 13	ly 14.]	905			4 10	1948
deceeeed (mo.,	Yeers   Months	Deve 1	If lese then one dey	Immediate cause Ddeath	1 1 1)	0	DURATION
o. AUE:		27	mi	- Lulu	C. Hurer	wes no	570.
				••••••••••			
9. Girthpiaco	Utica, N.Y	.a	te)	Due to			
			•				
			***************************************	Duc 10			***************************************
11. Industry or bu	T 4 m 3 m n =	N4 mma					
F	0 2 1 0 -			·· Dther conditions			
day with the same				(Include pregn	nancy within 3 months	s of death)	4
里 14. Melden 1	Rose	Conno	lly	Major findings of operations			
15. Birthplec	Iowa						
	Charles 1	Vimmo		Antonsy respits			
				PHYStCIAN: Please underline	the cause to which d	eath should be charged	statistically.
	Roselle, 1		7 34 40	22. VIOLENCE: If deeth was do	ue to externel ceuses, f	ill in the following:	
17 Buri	al	Dete thereof	7-14-48 (month) (day) (year)	Accident, suicide, or homicide		Date of	
Complement of an	Rose I	Hill Ce	metery	Where did injury occur?	(City or town)	(County)	(State)
				I the state them a form to describe			
Location	Linden,			Meane of Injury	per a piese (mileter)	injured et work?	
16. Funerel direc	tor C. M. S	iter &	Sons		0		^
Address	TT			1706	rest 1.	Corwad	MA.
//	4		0 81 Bax	23. SIGNATURE		M. D.	or other
18.	4/271148		Registr	at Address Hager	s owne, le	LCI . Dete signed.	7-12-49



WRITE PLAINLY is especiall

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

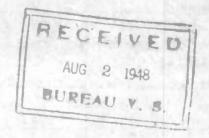
95C

07642

#### CERTIFICATE OF DEATH

Reg. Dist. No. - R D 6

	Reg. Diat. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For preparer infants give residence of mother)		
County	State Maryland county Maskengton		
(If outside city or town limits Frite RURAL and give nearest town)			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 76 So. Mulberry		
	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) if referan, name war.		
ada Welly O'Bries	3. (b) Social Security Number		
4. Sea 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W Dulow	20. DATE OF DEATH July 29 19 46 21 8:057		
8 (h) Name of husband or wife Thomas O'Bruew	21. I CERTIFY that dealy occurred on the date above stated; that lattended deceased from		
O'(A) Manic of machine of michines	July 21 19 48 to July 29 1948		
7. Birth date of	and there i last saw in examine on July 12 9 194		
deceased (mo., day, yr.) Clug 24 1874	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Cirebral arteriosclerous ?		
13 11 3min.			
9. Birlhplace (Town, county, and state)	Due to		
10. Usual occupation. Llubacura	Due Io		
11. Industry or business	6) N 1 + 1		
12. Name Collinger Villy	Other copyritons / / / / / / / / / / / / / / / / / / /		
13. Birthplace Mas hung low.	(Include pregnancy within months of death)		
# 14. Maiden name Lucy Fish			
15. Birthplace Clashing tow Co.	Major fiudiogs of operations.  Date of op.		
16. Informant R. C. Chie Hospital	Autopsy results		
Address Cascade md	PHYStCIAN: Please underline the cause to which death abould be charged statistically.		
1 10.18.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)  Date thereof (day) (year)	Accident, suicide, or homicide		
Gemetery or crematory & Land Commelia	Where did Injury occur?		
Location Samelyonne Md. O	Injured at home, farm, industry, public place (where?)		
18. Funeral director Fred Dy rawy.	Means of injury tojured at work?		
Address algeritation Maryland.	Im. Clusicatou. M.D.		
10 July 30 148 Jear W Torguson	23. SIGNATURES M. D. or other M. D. or other		
(Date rec'd by registrar)	Address Date signed f		



with UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

PLAINLY, V

PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cavetown			Siale Maryland County Washington		
(If outside city or town limits, write RURAL and give nearest town)			Cavetown		
Now long in above also	e of death?	10 years	Cily or town		
Nosplief, institution, c	or street address where o	feath occurred:	Catawaba Road		
Ca ta	awa ba Road	1	(If rural, give LOCATION)		
Now tong to bospital	or tostilution?	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		i <b>&amp;l</b> iam Anderson Ora	3. (b) Social Security Number 214-09-6501		
4. Sex	5. Calor or racs	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE OF DEATH. July 17 1049 216:45/		
E.(b) Name of bushes	e or wite Jemin	ma L. Orange	21. I CENTIFY that death occurred on the dats above stated; that I atlanded decessed from		
7. Birth date of	, Dan 0	1000	and that I last saw h		
8. AGE: Yea		Days   If less than one day	Immediate cause of death DUBATION		
6.		5hrsml	in. Commercy The transfer of the same		
A A.	melia Ch	Virginia			
9. Birthpt208	(Town,	Virginia county, and state)			
10. Usual occupation	Cabinet 1	laker Cavetown plai	ning		
11. Indusfry ar busine		WILLS.	946 10.		
		Orange	Other conditions Coronary Aclesson		
13. Birthatace	Virgin		(Include pregnancy within months of death)		
		George	(Include pregnancy within a months of death)		
			Major findings of operations.		
15. Birthplace	Virgin		Date of op.		
16. Informani	Mrs. Jem:	ima I. Orange	Autopsy results		
Address	Cavetown	n, Maryland	PHYSICIAN: Please underline the cause to which death hould by charged statistically.		
Buri	al	Date Day 14. 19	22. VIOLENCE: If death was due to external causes, fill in the following:		
	a 1 m, or removat. Which?)				
Cematery or crems	lory Rest I	aven Cemetery	Where did injury occur?		
Location	Hagers	town, Maryland			
18. Funeral director.	Fred V	V. Kraiss	Means of injury		
Address		town, Maryland	to Aud		
Quan!	4 .4	Geo. W. Franco	23. SIGNATURE		
(Date rec'd by 1	egistrar)	Registr	ar Address Daje signed 14, 4		

74 , 1 , 7

JUL 19 1948 .

A15 SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?  Life	State Maryland County Washington  City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospitet, Institution, or street address where death occurred: 2005 Virginia Avenue	Street No. 48 East Avenue (If rural, give LOCATION)		
New long in heapitet or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Elnora Hoover Paulsgro	3. (b) Social Security Number 217-10-3096		
4. Sas S. Colar or race S. (a) Single, married, widowed, or divorced Female White Widow	MEDICAL CERTIFICATION  20. DATE DE DEATH 26 July 1948 21 935 11		
6.(b) Nama of husbend or wife Eatl Paulsgrove 6.(c) If elive, give ege	21. I CERTIFY that death occurred on the dete above stated; that i attended decreased from 21 July 19.48, 19.48		
1. 7. Birth data of	and that I last saw h. 6 alive on 3 & July		
8. AGE: Years   Months   Days   If less than one day   60   0   16  hrsmin.	Immediate cause of death  Carcining Stomach  Carcining		
B. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)	Due to		
10. Usuat accusation Bookkeeper 11. industry or business Leiter Bros. Store	Due to		
12. Name William Hoover 13. Birthpleee Hagerstown, Maryland	Other conditions		
14. Maiden nema Agnes Finnigan  15. Birthplace Hagerstown, Maryland	Major findings of operations		
18. interment William Paulsgrove	Autopsy results		
17 Burial (Burial, eremation, or removal. Which?)  (Burial, eremation, or removal. Which?)  (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
Cemetery or eremetory Rose Hill Cemetery	Whers did injury eccur?		
Locellon Hagerstown, Maryland	tnjured et home, tarm, industry, public place (where?)		
18. Fueret director C. M. Suter & Sons	Msans of Injury Injured at work?		
Hagerstown Maryland	F I Lushy		
18 July 29 148 Blast Beeve	26. SIGNATURE M. D. or other M. D. or other Address 2300 Prumai Date signed 27 J.4 88		

RECEIVED
JUL 31 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg			7	20
Rear	Dist	No	01	46

		CERTIFIC	ATE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland Couety Washington  City or town Haserstown (if outside city or town limits, write RURAL and give nearest town)  Street No. 304 North Mulberry St.  (If rural, give LOCATION)  2.(a) It veteran, name war None
	RS EDITH	PAULINE PRICE	3. (b) Social Security Number None
4. Sex Female	5. Cotor or race White	6.(a) Single, married, widowed, or divorced  Narried	MEDICAL CERTIFICATION  20. DATE OF DEATH July 16, 19 48 31 7 A 1
6.(b) Name of husband  7. Birth date of deceased (mo., day, y  8. AGE: Years	, June	E	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
1D. Usual occupation  11. Industry or business  12. Name W11  13. Birthplace	House Own Hor liam H. S Sharps	Stull Md.	Due to
14. Malden name  15. Birthplace  16. Informant	Anna K. Sheper Seorge E. Lagerstown	Kidwell  dstown W. Va.  Price	(Include pregnancy within 3 months of death)  Major findings of operations  Date of op.  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, flly in the following:
Cemetery or cremato	Sharpsbu	Date thereof	Accident, suicide, or homicide
18. Funeral director. Andrew K. Coffman  Address. Hagerstown Md.  19. (Latered day registrar)  Registrar  Registrar			23. SIGNATURE M. D. os stine  Address Vagentine M. D. os stine  M. D. os stine

BINDING FOR RESERVED MARGIN ADING INK. Supply every item of information care Physicians: please write the causes of death clearly

PLAINLY, is especially

WRITE



The second secon

#### MARYLAND STATE DEPARTMENT OF HEALTH

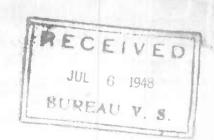
2411 N. Charles St., Baltimore

#### 168

UADED

#### CERTIFICATE OF DEATH

PLACE OF DEATH:	(For newborn infants give residence of mother)	
	State Maryland County Walnungton	ψ
(If outside city or lown limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give neuro	Kural
ow long in above place of death?		
Task, Co. Hospital	Street No. (If rural, give LOCATION)	
ow long in hospital or institution? 3 Welks.	2.(a) If veteran, name war	
. (a) FULL NAME	3. (b) Social Security N	umber
John Henry Rede	none.	
Sea 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	E.D. S.T.
male white widowed	20. DATE OF DEATH, July 2 19.45	4:32
(b) Name of husband or wife Derence South Reader	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	
Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) Deltrucy - 15-1865	Immediate cause of death	OURATION
AGE: Years Months Days It less than one day	Generalized vascular arterio	•••••••
00 10 10 10 10	Due to sclerosis	
(Town, county, and state)	chr myocarditis	*************************
O. Usual occupation. Januar	Fracture masal bone	
1. Industry or business	fracture of roof of antrium	*************************
Year day	Other GOING estive mycordial heart	
12. Name. Sheriffe Wash, Co. md	failure grade 4  (Include pregnuncy within 3 months of death)	
14. Maiden name Malinda Dick		
15, Birtholace Mt. Lena Wash, Co. md.	Majur findings of operations	
Qu'Ilia Qu'Ila	Autupsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged st	atistically.
Address (3 rous brus md. 12.2.	22. VIOLENCE: If death was due to external causes, fill in the following:	111
(Burial, cremation, or removal, Which?)  Date thereof (month) (duy) (year)	Accident, suicide, or homicide, homocide Date of Control	(0)7-8
Cemetery or crematory Baruloso Cemetery	Where did Injury occur?	(Stute)
Bi- 1 mad.	Injured at home, tarm, industry, public place (where?)	
Location A TO S	Manns a may ten in face Injuntation 1	no-
18. Funerat director 13.13.13.14.3.14.3.14.3.14.3.14.3.14.3.		
Address Bornsling md.	23. SIGNALIZE Robert Wells WASH. (	
wy 2 148 Bright Lowers	M. D. o	m 10
(Date ree'd by registrar) Registrar	Address Vaccatorian, Inc. Date signed	And the same and



# MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, '

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 3.0.5

1. PLACE OF DEATH:  County Washington			2.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Montal and was a way a series of the control of the co	
City or town	lural Shar	psburg MD.	Stat	state Maryland county Washingtonn	
(1	If outside city or town lim	its, write RUKAL and give nearest tow	City	or town Sharpsburg	MQ
How long in above pla	or street address where de	eks		(If outside city or town l	limits, write RURAL and give nearest town)
Hospital, institution,	or street address where de	affi occurred:	Stre	et No	
		ng Home. Roonsbo	ro um.	(If rural,	give LOCATION)
How long in hospital	or Institution? 3 W.E	eks	2.(6	a) If veteran, name war	
3. (a) FULL NA	ME				3. (b) Social Security Number
C. Hi	icks Remsbu	rb			None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		MÉDICAL	CERTIFICATION
26. 2	1973 0.4	747 0 2		a. V. a	E 54.00
Male	White	Widowed	20.	DATE OF DEATH SELL	1975 al S.
e (h) Name of hughs	and or wife A 7 1	ce Nicodemus			te above stated; that I attended deceased from
The Committee of the Co				12th 14	,19.45 ,10 July J 19.98
7. Birth date of			years	fhaf I last saw b And alive on A	wer / / / 19 4
deceased (mo., da	v. v. I86I Ser	1. 30	1//	_ //	O DUDATION .
	ars   Months	Days   If less than one day	lm	mediate cause of death.	DURATION
	-	6	. 6	1 9× 10 -1 192 11/1	J. A. M. J. J. A.
86	IO	2hrs.	min.	.J,	A A A
a Bitheless	Sharps	burg Md.	Due	Market Als	stalley with
9. Birinpiace	(Town, e	burg Md.		hotentron fl	1 vrul 1 / will.
40 though accomplis	Farmer		. 20%.		
	77		Due	to	
f1. Industry or busin	ness Farme				Q. A. J.
当 12. Name	Villiam R.	Remsburg	Othe	er conditions // Lucyal 13	ur (Kaisau -
12. Name	Sharpsbur	e Md.	0	Alinasin L. R	Puntun 5- year
e 1 13. Birthplace	-11012   00000			(Include pregnancy with	in 3 months of death)
里 14. Maiden nar	me Eliza I	luffer		or findings of operations.	
TOI	Shonnahun	a MA	Maj		······································
≥ 1 15. Birthplace	Sharpsbur Fred Remsbu	g mid.			Date of op
16. Informant	red Remsbu	ırg	Aut	lopsy resufts	
			PH	YSfCfAN: Pfease underline the cause	to which death should he charged statistically.
Address Sharpsburg Md.			22.	VIOLENCE: If death was due to externa	al causes, fill in the following;
Burial Date thereof Tuly 7 1948 (month) (day) (year)			48 Acc	ident, suicide, or homicide	Oate of
( and the state of					
Cemetery or crematory Mouintainview			w ne	ere did Injury occur?(City or to	wn) (County) (State)
Sharpsburg Md.			Inju	red at home, farm, industry, public plac	ce (where?)
f8. Funeral director. Edith V Leaf			Mas	ens of Injury	Injured at work?
Williamanant Md				De Lal Di	A. Che la la
Address WIIIIamsport Mid.			23.	SIGNATURE	M. D. or other
19. Jaky 2	1946	180- 81. 4.00		Sharpshow	9. hors / 7/2-60.
(Hate rec'd by	registrar)	F	Registrar Add	ress,	Date signed

JUL 7 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

	Reg. Dist. 140.
1. PLACE OF DEATH: County Washington	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Hagerstown R # 5	State Maryland county Washington
(If outside city or town limits, write KUKAL and give nearest town)	
How long in above place of death? 5 Years	City or lown. Hagerstown R #5 (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Security Road	Street No. Security Road
Decarry Noad	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
MRS VIOLA MAY MCALLISTER ROHER	None
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20, DATE OF DEATH July 21 1948 19 211 P
6.(b) Name of husband or wife Paul	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
1. Birth date of deceased (mo., day, yr.) March 14 1897	and that I last saw h e Y alive on file 10 18 49
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Canalnal Flamontage DURATION
51 4 7hrsmin.	
9. Birthplace Clear Springs Wash. Co. Md. (Town, county, and atate) Housewife	Due to Hypertension, Essential
	Due to
	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden nam Emma Suffacool 15. Dirthplace Olèarsprins Md.	
15. Dirthplace Clearspring Md.	Major fiediogs of operations
Paul Pohor	
	Actopsy resolts
Address Hagerstown Md. R # 5	22. VIOLENCE: It death was due to external causes, till in the following:
17 Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Reat Haven Camatani	
	Where did Injury Occur?
Location Hagerstown Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of injury Injured at work?
Address Hagerstown Md.	Rola 41/h Comphallmo
19 July 24 1948 Brest Bowerd Registrar	23. SIGNATURE M/D. or other  Address Hagenstown Md Date signed 7/23/4

MARGIN RESERVED FOR BINDING

age

PLEASE WRITE PLAINLY, is especially (115

JUL 27 1948

# MARGIN RESERVED FOR BINDING

## A15

SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 462 CERTIFICATE OF DEATH

Reg. Diat. No.

I. PLACE OF DEATH:  Sounty. Washington County  Sity or town. Sharpsburg. Md.  (If outside city or Swn limits, write RURAL and give nearest town)  Town long in above place of death?  78 yrs.  Sharpsburg Maryland  low long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland county Washington  City or town. Sharpsburg Md.  (If outside city or town limits, write RURAL and give nearest town)  Street No. Sharpsburg Md.  (If rural, give LOCATION)  2.(a) It veteran, name war.	
Niola Benner Schowe	3. (b) Social Security Number None	
Female   S. Color or race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20, DAYE OF DEATH. Sully 19.48 21 / 38 7	
6.(b) Name of husband of wife Charles Schowe  6.(c) If alive, give age 81 years  7. Birth date of deceased (mo., day, yr.), Sept 10 1869	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	
8. AGE: Years Months Days It less than one day 22	Corsuma of evlor -	
9. Birthplace Sharpsburg Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business Home	Due to	
12. Name Franklin benner 12. Name Sharpsburg Md.	Other conditions	
14. Malden name Amelia Hines 15. Birthplace Sharpsburg Md.  Mr. Charles Schowe	Major findings of operations.  Date of op.	
16. Informant Mr. Charles Schowe Address Sharpsburg Md.	Autopsy results  PHYSICIAN: Please underline the cause to which death should he charged statistically.	
Burial Date thereot July 4 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide	
Cemetery or crematory Mountain View Cemetery  Location Sharpsburg Md.	Where did Injury occur? (City or town) (County) (State)  Injured at home, tarm, Industry, public place (where?)	
	Means of Injury Injured at work?	

. AUG 9 1948

A15 SA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

correct/age

#### MARYLAND STATE DEPARTMENT OF HEALTH

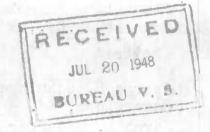
2411 N. Charles St., Baltimore



07650

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Wash.
How long in above place of death? 65 years	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death.  Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Washington County Hospital	Street No. 56 E. Franklin St.
How long in hospital or institution? 22 days	(If rural, give LOCATION)
	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Clinton Schwinger	214-09-8042
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white divorced	July 14 49 2:00 n
musico   transco	20. DATE OF DEATH. July 14 19 48 21 2:00 PM
6.(b) Name of hueband or wife	21. I CERTIFY that deeth occurred on the date above stated; that I attended deceased from
	Jacky 12 1048 10 July 14 1048
7 Birth data at	and that I left eaw h January alive on July 19 1848
deceased (mo., day, yr.)  August 2, 1882	Immediate cause of death OURATION
8. AGE: Years Months Days It lees than one day	
65 11 12hremin	of all all all all all all all all all al
Hagerstown Wash.Co. Md.	- Stewart newsockage So how
9. Birthplace Hagerstown, Wash. Co., Md.	Due to
10. Usuat occupation retired	
	Due to
11. Industry or business	
George H. Schwinger  12. Name Hagerstown, Md.	Other conditions
Hagerstown, Md.	(Include pregnancy within 8 months of death)
質 14 Maiden name Sarah L. Stouffer	(Include pregnancy within 8 months of death)
	Major findings of operations.
2 15. Birthplace near Hagerstown, Md.	Oate of op.
16. Informant Mrs. Ruth Downey	Autopsy results.
Address Downsville. Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the following:
17. burial Date thereot 7-17-48 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	
	Where did injury occur?
Location Hagerstown, Md.	Injured at home tarm, induetry, public place (where?)
19. Funeral director Scott F. Minnich & Son	Meane of Injury Injured at work?
Address Hagerstown, Md.	
11.0. 12 110 L. J. 1102	23 SIGNAURE M. D. or ther
(Date red d by registrar)  Registrar	015.00 m
(Date rgc d by registrar) Registrar	Addrese Date eigned



ect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

195d

07651

#### CERTIFICATE OF DEATH

Reg. Diat. No. 30.5

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Far newborn infants give residence af mather)	
City or town. (If autisida citylar town limits, write RURAL and give nearest town)	State Maryland county Washington	
(If autsida cit far wen limits, write RURAL and give nearest town)	Cily or town	
How long in above place of death?		
Hageiton Md. R. 3.	Street No. Callador Md K. 1.3	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Robert Franklin Sh	der vous	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m. W. Single	20. DATE DF DEATH	
	21. I CERTIFY that death occurred on the date above stated: that hattended daceased from	
6,(b) Name of husband or wife	June 29 1948 10 July 3 19 48	
7. Birth date of	and that I last saw h. Accordance on	
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death Caphy Tolio DURATION	
8. AGE: Years   Months   Days   If less than one day		
hrsmin.	V	
9. Birthplace (Tawn, caunty, and state)	Due to Regardation and	
10. Usual occupation	Jasperanon	
	Due to	
11. Industry or business  12. Name Staley Shafu	712	
	Dther conditions	
	(Include pregnancy within 3 months af death)	
14. Maiden name Develuce . Doell  15. Birthplace Junkstrum Urach . Co. md .	Major findings at aperatians.	
	Dalg of op.	
16. Informant Staley Shafer	Autopsy results. Harlie Conlinds in Mailea	
Address Haguston, md. R.3.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
2 0 0 - 1040	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, ar removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory. Doorslas Centry	Where did injury occur?	
location Bounsless and	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Plry 2. Bast 95 ons	Meens of injury Injured at work?	
Address Browslaw mg	Robert F Rosedla	
1122	23. SIGNATURE	
19 Mary S. 18 48 American Registrar	Address 132 W Washer al Date signed 74 4	

THE RESIDEN

RECEIVED

JUL 7 1948

SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Battimore

07652

#### CERTIFICATE OF DEATH

Reg. Diat. No. 306

	105. 5180. 100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For payborn infants give repidence of mother)
County Maduegloss	State Maryland County Carroll
(If outside city or town limits, write RURAL and give nearest town)	"   11 + +
low long in above place of death? 3 Moulles 5 days	
Hospital, Institution, or street address where death occurred:	Street No. 80 Venna Que
Tallie Goopelle	(If rurat, give LOCATION)
ow long in hospital or institution? 5 Moules 3 Aufs	2.(a) If veleran, name war
Guarles Edward Sheeler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Sworced	20. DATE OF DEATH. July 26 19 48 31 8:15 14
8.(b) Name-of husband or wife Lawre MC Cock	21. I CERTIFY that death occurred on the date above stated; that aftended deceased from
O (A) Madhan hannan	7 et 20 19 48 10 July 26 1948
f. Birth date of	and that I last saw h was live on July 23 19.48
deceased (mo., day, yr.) AUS, 1873	Immediate cause of death DURATION
3. AGE: Years Months Days If less than one day  73 6 24	in. Tustastutestual Kemorniage 2 days
Westingster, md.	Que to Recto-vesico-cutaveous unbrown
. Birthplace (Town, county, and state)	Lesterla apriox14x
). Usual occupation	Oue to.
t. Industry or business Pailroad - returned	oue (c
	Other condition trobable curemomatoris
12. Name Josephnes Sheeles	pringery sete undetermined
	(Include pregnancy within 3 months of death)
14. Maiden name Lusak C Huff  15. Birthpiace Cleron Mells, Md.	Major findings of operations
15. Birthpiace flucon Mells, Ma.	Date of op.
Informant Has Nestal Tracoeds	Autopsy results.
Address Letelis Hospital	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 118	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. to Cust Comption	Where did injury occur? (City or town) (County) (State)
Me ()	
Location A	Injured at home, farm, industry, public place (where?)
8. Funeral director Lilaukaid & Soul	Means of Injury Injured at work?
Address Westmuster Md.	the 1. to me of
Of a grant of the	23. SIGNATURE M. D. or other
9 July 2 / 19 XX Jeryus	on Witches to aspital and his 148

William Telephone Inch

AUG 2 1948.
BUREAU V. 8.

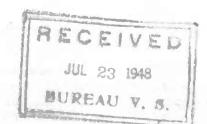
2411 N. Charles St., Baltimore

	-	1	
- 1	8	0	01

# CERTIFICATE OF DEATH

07653 Reg. Dist. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Utashuglow	
City or town	State Maryand County Urashman
(troutside city or town limits, write ROMAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. M. M. ain St.
n. mau st.	Street No
	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Virletta, Dusan Sh	ufler none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Desirle White. Single	20. DATE OF DEATH July - 18 - 19 H. 21 9-A - 1
6. 0.	21. I CERIFY that death occurred on the date above stated; that Lattended deceased from
6,(b) Name of husband or wife	170
T. Birth date of deceased (mo., day, yr.) December - 4- 1857	and Mat f last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
90 7 14min.	Fretues of left hip (house) 21 days.
70	
8. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Ous to
11. Industry or business	
# 12 Name Deorge Shifler	Dther conditions
12. Name Dearge Shiflers  13. Birthplace Locat Grove Wash, Co. md.	7:
600.10.	(include pregnancy within 3 months of death)
14. maidell hame	Major findings of aperations.
\$ 15. Birtholace Broyalors Wash, Co. md.	Date of op.
16. Interment Mrs. Elmer Robert	Antopsy results.
Address Boonston Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)  Date thereo (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Boonsline Cemetery	Where did injury occur? (City or town) (County) (State)
9 1 7	Injured at home, farm, industry, public place (where?)
Location 12 contains Ma	Mssns of injury survised on Horr injured at work?
18. Funeral director UM D. Bast + Sous	ewhile washing C9/3/48 ake
Address Booushoo ma	22 SIGNATURE All land hile: m. D.
10 20 My Sach	M. D. op other
(Date Fee'd by registrar)  Registrar	Address Date signed 7/19/48



RGIN RESERVED FOR BINDING

Jan

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07654

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county trashugter	·   m - · · · · · · · · · · · · · · · · · ·
City or town	State Maryland County Washington
How long in above place of death?	City or fown (If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No. 12 opins loss md. R. 2
Brusha M. R.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Seibert James Shoe	maker 217-03-5428
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
and make note	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(o) Name of nusband or wife.	Feb 2 1944 10 July 28 1948
7. Birth date of	and that I last saw h malive on July 2) 1946
deceased (mo., day, yr.) Quant . 28 - 1907	Immediate cause of death
8. AGE: Years   Month   Days   It less than one day	
40 11 0mi	· Caremone of Color 7mon
Sharp Sharp Sharp Wruh, Co. md.	Due to
9. Birthplace. Lease. Comp., and atate)	Due to
10. Usual occupation Laborer	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Oue to
11. Industry or business Children Change	
12. Name Deorge Sholmaleus  13. Birthpiace Booksbow Wards, Co. md.	Other conditions
13. Birthpiace Bookstrow Walls Carma	(Include pregnancy within 3 months of death)
14. Maiden name Malinda Kline	
14. Maiden name. Malinda Kline.  15. Birthplace Boonston Wash, Co. md.	Major findings of operations.
El 15. Birthplace Doorston Wash.	Date of op.
16. Informant NAS MAL DISSEMBLE	Autopsy results
Address Boundary Md. R.2	22. VIOLENCE: If death was due to external causes, till in the following;
17 Burial . Date thereof July 31, 1948	
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, survive, or normalization
Cemetery or crematory Storas Taro Slameday	Where did Injury occur?
Location Brounders Mid.	Injured at home, farm, industry, public place (where?)
TIM I Quit al	Msans of Injury Injured at work?
18. Funeral director	" GIINIIIa ON A
Address Boonstore ma	J 23. SIGNATURE M. D. OT ANTON
19 July · 31. 1848 John D. Basister	Burner 10010 1/39/4

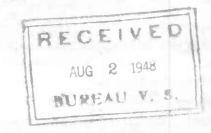


FIGURE TO THE STATE OF THE STAT

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist (NO. 65, 302

County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State		
Washington County Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 mos.	2.(a) It veteran, name war		
3. (a) FULL NAME Siler	3. (b) Social Security Number		
Mrs. Jessie C. Slifer  4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female white Married	20. DATE OF DEATH. July 18. 148 1. J.J.P.		
6.(b) Name of husband or wife J. Hammond Slifer Siler  6.(c) If alive, give age 80 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  # - 1 8 - 19 48		
8. AGE: Years Months Days If less than one day  81 8 2hrsmin.	Immediate cause of death OURATION Accepte The to the State of the Stat		
9. Sirthplace Berryville, Clarke Co., W. Va.  (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business Own home	Due to Junalized autrios classic un kuom		
12. Name William Castleman  13. 8irthplace Berryville, Va.  14. Maiden name Ann R. Icler  15. Dirthplace Berryville, Va.  16. Informant J. Hammond Slifer Siler	Other conditions To a Cofe messite 20 mo  The first of fros - 31/2 mo  (Include pregioncy within 8 months of death)  Major findings of operations.		
16. Informant J. Hammond Slifer Siler Address Berkeley Springs, W. Va.	Autopsy results		
17. Burial (Burial, cremation, or removal, Which?)  Date thereof July 320, 1948 (month) (day) (year)	22. VIOLENCE: it death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Green Way Cemetery	Where did injury occur?		
Location Berkeley Springs, W. Va.  18. Funeral director Andrew K. Coffman	Maans of Injury Injured at work?		
Address Hagerstown, Md.  19 (Gate per d by registrar)  19 (Date per d by registrar)  19 (Registrar)	23. SIGNATURE de hu Attombe ker la. D.  154 w. washington de M. D. or other  Address 15 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		

To the same process of the same of the sam

JUL 21 1948

BUREAU V. S.

the second second

PLAINLY

WRITE

EASE

ion carefully, clearly and k

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

# ACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Now long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Nospilal, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH ... occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife ..... 8.(c) If alive, give age ...... years deceased (mo., day, yr.) Months . 8. AGE: Days tf less than one day 10. Usual occupation..... 11. industry or business (Include pregnancy within 3 months of death) Major findings of operations ...... PHYStCIAN: Please underline the cause to which death aboutd he charged statistically, 22. VIOLENCE: If death was due to external causes, fill in the following: - 23-48 Accident, suicide, or homicide. Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) ...... Msans of Injury Injured at work? 1B. Funeral director .. (Date rec'd by registrar) ......Date signed



2411 N. Charles St., Baltimore

1316

# CERTIFICATE OF DEATH

Reg. Dist. No. 35 3

City or town. (If outside city or town limits, write RURAL and give nearest town)  How tong in above piace of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Sadia Flagura Sin	nisen none
4. Sex   5. Color or race   5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Derried White married	20, DATE OF DEATH 1948 21 9130 A - N
P. C. C. L.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	7. harry 42 19.38 10 July 5- 19.48.
7. Birth date of	and that I last saw h. com July 54" 1 19 4 T
deceased (mo., day, yr.) Nowley - 29 - 1875	Immediate cause of death
8. AGE: Years   Months   Days   if less than one day	Municipa / west
72. 7 (0hrsmin.	Chamic marchetes 1044.
9. Birthplace Mylrswille Fred Co. Md. (Town, county, and state)	Due to Shawing happened styre
10. Usual occupation	
0	Due to
11. Industry or business	
12. Name 3. Poffensergers  13. Birthplace Wilesaidle 3 red. Co. md.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elizalith Harp	Major fiadiags of operations.
14. Maiden name. Elizabeth Harp.  15. Birthpiace Myenstrille Fred. Co. md.	Major hadiags of operations.  Date of op.
No. 1 31	
16. Informant Nub Florence Summann	Autopsy resalts
Address Bonistono Md.	22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Burial, cremation, or remayal, Which?)  (Burial, cremation, or remayal, Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Brownson md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director CDM 3. Baat 95ous	Means of Injury Injured at work?
Address Brousboro md.	6/1/2/3m1.
1122	23. SIGNATURE M. D. OP-OTHER
19 July 7- 19 45 July 0. Das 1	Begge lears Und. Date closed 7/7/48

JUL 9 1948
BUREAU V. S.

-		-
		TITTE
		ATAIL
Σ		To
9-45-15M	y i	THE A CHESTER TOTAL
AID	-	CLE
		-
2		-

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93207658

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No...

I. PLACE OF DI				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Hagerstown				State Maryland. County Washington		
Cliy er tewn (If outside city or tawn limits, write RURAL and give nearest town)				City or town Hagerstown. (If outside city or town limits, write RURAL and give nearest town)		
New long in phone size	and death? 32	years	<b>S</b>	(If outside city or town limit	ts, write RURAL and give nearest town)	
Noegitat, institution, er atreal addrese where death eccurred:				Street No. 431 Carrobito	meAve.	
431	Carrollto	n Ave		(If rural, give	e LOCATION)	
	or institution?			2.(a) It veteran, name war		
3. (a) FULL NAN	ME				3. (b) Social Security Number 214-09-2286	
7	rge H. Smi	th			214-09-2286	
4. Sez	5. Coler er rece	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
. Male	White		Vidowed	20. DATE OF DEATH July 12	19 48 <sub>at</sub>	
e (b) Name of bushess	d or wife Carr	ie M	Smith	21. I CERTIFY that death occurred on the date ab	nove stated; that I attended decoaced from	
P.(O) White at states				3-1-48	10 / 4 / 19	
7 Birth data of			c) tf ailve, give ageyears	and that I last saw h alive en	2/4/	
deceased (me., dey.	yo July	7, 1	380	Immediate cause of death	DURATION	
8. AGE: Yea	are Months	Daye	tf ieee than one day	0 1 11		
	68 0	5	hre min.	Cerelinal Dems		
IV.	dercers bur	g.Per	nna	Due to		
					0	
10 Heuet occupation	Retire	d Lal	oorer			
11. Industry or busine				Due to	V A	
Si Hans	John Smit	h		Other condition Hyperdense	replease of	
12. Name	Penna.	***************************************	••••••	Bildlound	144	
	Bell F	Tool		(Include pregnancy within 3	months of death)	
是 14. Malden nam		ose	***************************************	Majnr findings of operations	/	
14. Malden nam	Penna			majar status		
	Paul J.	Smi	th	Antapsy results		
16. Informent				PHYSICIAN: Please underline the cause in v	which death should he charged statistically.	
Addrese	Security, N	aryla	and.	22. VIOLENCE: tf death was due to external ea		
Bur	cial on, or removat. Which?	Date the	reof July 14, 1948 (month) (day) (year)	Accident, suicide, or homicide		
(Buriai, erematic	on, or removat. Which?	7777 (	(month) (day) (year)			
Cemetery er grema	Rose I	TTT	emetery	Where did injury occur?(City or town)		
Locetion				injured at home, farm, industry, public place (		
19 Eugent director	Fred W.	Krais	38	Means of Injury	injured at work?	
	Hagerstov	m, Mai	ryland.	18 111	1119	
Addreas		1	0.1111	23. SIGNATURE	M. D. or other	
19. (Date rec's by	14. 1.48	P	easyttower	a dhu bla	1016 / 7/10/11	
Date rec'd by	registrar)		Registrar	Address	Date signed	

JUL 16 1948

BUREAU V #

Reg. Dist. No.....

(If outside city or fown mits, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION 840 21. I CERTIFY, that death occurred on the date above stated; that flatfended deceased from DURATION 12 Men (Include pregnancy within 8 months of death)

(County)

(State) tnjured at home, farm, Industry, public place (where?) .....

M. D. or other 13114

MARGIN RESERVED FOR BINDING

# PECEIVED

AUG 3 1948

BUREAU Y. S.

FOR BINDING

RESERVED

MARGIN

SA

orrect age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

07660

# CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF D	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	Washingto:	n	State Maryland County Washington			
City or town. Pleasantville (Rural) (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 7 years			Pleasantwil			
			City or town Pleasantvil (If outside city or town lim	ts, write RURAL and give nearest	town)	
	or street address where		Street No.R. F. D. #1, Har	pers Ferry. W.	Va.	
		s Ferry, West Va.	. (If rural, giv	re LOCATION)		
_			2.(a) If veteran, name war			
3. (a) FULL NAP						
	Alice	Julia Speaks		None		
4. Sex	5. Color or race		MEDICAL C	CERTIFICATION		
Female	White	Widow	20. DATE OF DEATH July 29,	19. 48 at	7:00P	
6 (h) Name of husban	d or wife	nknown	21. I CERTIFY that death occurre on the date a	bove stated; that I attended dressed t	rom	
			Fishelk 2/ 11		719	
7. Birth date of	ye March		and that I last saw halive on	15thy 29	19 %	
8. AGE: Yea		Days If less than one day	Immediate cause of death		DURATION	
68	4	14		2		
	-		- I want to the same of the sa			
9. Birthplace	Loudoun Co	ounty, Virginia	Oue to		***************	
		fe				
16. Usual occupation	Own Ho	m A	Due to	****		
11. Industry or busin	ess Own Hor	iiie				
12. Name	Unknown		Other conditions			
	Virginia		(Include pregnancy within	months of death)		
# 14. Maiden nam	Unknown		Major findings of operations			
14. Maiden nam 15. Birthplace	Virgini.		1)			
		Speaks				
16. Informanf	D.#1.Har	pers Ferry, West Va.	PHYSICIAN: Please underline the cause to			
			22. VIOLENCE: If death was due to external c	auses, fill in the following;		
17 Buris	on, or removal, Which?	Date thereof All 2 1948	Accident, suicide, or homicide	Oate of		
(Buriat, cremati	Sampl	es Manor Cemetery	Where did injury occur?(City or town			
Location Dan	ibres way	or, Maryland	Injured at home. farm, industry, public place (	wnere()		
18. Funeral director	mel	1. Itweer	Means of Injury	inform 21 work?	7 1	
		own, West Va.	Self-	enton 1	2	
			23. SIGNATURE	M. D. or ot	le D	
19 leng 2	1948 19 20	rnelie H. Castle	13 Mender	at had n	30/4	
(Date pic'd by	registrar)	Denuele Registrs	Address	Date signed		



# S A15 9.45-1

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:  County				(For newborn infants g  Maryland  State. H  City or town. (If outside ci	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  County Washington  Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  1084 Virginia Avenue		
					(If rural, give LOCATION)		
Now long in hospital or			***************************************	2.(a) If veteran, name war			
3.(a) FULL NAME  Emma A. Spielman						3. (b) Social Securit	y Number
4. See	5. Color or race	8.(a)Single	, married, widowed, or divorced	M	EDICAL C	ERTIFICATION	
Female	White		Widowed	20. DATE OF DEATHJul	y 16,	1948 ,3:	00 P.
			Spielman  Halive, give ageye	and that I last ear better	-4 19	7-16-46	18 HA
8. AGE: Yeare	Monthe	Days	It less than one day	Immediate cause of death			DURATION
78	. 2	2	hrsm	in. Cardin R	end	Seeine	624
10. Usuet occupation  11. Indoctry or business  12. Name	Home ondrew Da	uties ner ton C	o • Md •	Due to			
14. Melden neme	Susan Washing	Weist	o • Md •	Major findings of operations			***************************************
							.,
			elman	Autopsy results	e the cause to w	which death should be charge	ed statistically.
17. Bur (Burial, cremation,	ial or removal. Which	Date ther	Hagerstown, July 19, 1 (month) (day) (year) Cemetery	Accident, eulcide, or homicide.		Date of	
			Maryland	11	y, public piece (		************************
			Kraiss	III		injured at work?	
Address /			Maryland	23. SIGNATURE	SWI	Luls)	
19. July	19, 40	3 4	Kost House	S. SIGNATURE	enti	M. Mata slone	0, or other

JUL 21 1948

BUREAU V. S.

# ProKritzer

### 2411 N. Charles St., Daitimore

		CERTIFIC	ATE OF DEATH Reg.	Dist. No. 302
City or town (ir How long in above plac Hospital, institution, o 305 Sc How long in hospital	lagers to an outside city or town limits. se of death? The street address where death outh Potmac or Institution?	write RURAL and give nearest town)  ars occurred:	2.(a) It veteran, name war	Ashington Land give nearest town) St.
3. (a) FULL NAM	IAS EDWARD	SPRECHER		cial Security Number
4. Sex Male	5. Color or race 6.	(a)Single, married, widowed, or divorced  Married.	MEDICAL CERTIFICATION OF THE PROPERTY OF THE P	
		6.(c) Hallve, give age	ears and that Cot saw has alive on July 9	Jany 9- 19 48
deceased (mo., day. 8. AGE: Year	rs Months	Days   11 less than one day  hrs	Immediate cause of death	DURATION
10. Usual occupation. 11. Industry or busine	Gardener Retire	Lashington Co. Ma y, and state)	Due to Hampine of with feet	6 Nov-
13. Birthplace  H. Maiden name  15. Birthplace  16. Informant	Hagerstown Maria Rin Hagerst Ars George V	Md. nger town Md.	(Include pregnancy within 3 months of deal  Major findings of operations.  Di  Autopsy results.  PHYSICIAN: Please underline the cause to which death sho	ste of op
17. Burial (tiurial, cremation Cemetery or crema Location H	lagerstown l Andrew K	ven Cemetery  Ad.  Coffman	22. PIOLENCE: ti death was due to external causes, fill in the Accident, suicide, or homicide	following;  Date of
Address Ha	lgerstown Mo	Short Bows	23. SIGNATURE Plans Rhutes	M. D. or other / / / / / / / / / / / / / / / / / / /

FOR BINDING

RESERVED

WITH UNFA

PLAINLY, V is especially

WRITE

PLEASE

JUL 12 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county	State Maryland County Washington
City or town (1f outside city or town limits, write RURAL and give nearest town)	1 B 1 0
How long in above place of death? 2. W. ooks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho Dowslas md. R. 1.
Walle Co. Desplay	(If rural, give LOCATION)
How long in hospital or institution? 2. W. Le Ko.	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Barrie Mandaleus St	ile. Money
4. Sex 5. Color or race S.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Ferrele White Married	20. DATE OF DEATH. July 8 19 18 at 12:15.4
6.(6) Hame of husband or wife Rev. Frank C. Stime	21. I CERTIEY that death occurred on the late above stated; that I attended deceased from
G.(o) Ranic of Research of Mineral Control	June 18 19 18 10 July 7 19 48
7. Sirth date of	and that I was saw h
deceased (mo., day, yr.)  RACE. Years   Months   Days   If less than one day	Immediate cause of death
o, Ada.	Topeme
70 2 28hrsmin.	
9. Birtholace & aloles Mill atala, Co. Md.	Due to Carcinome, Course 2 35
(Town, county, and state)	- Looperate
10. Usual occupation	Due to
11. Industry or business HUM How	
12. Name Dolina a. Shouas  13. Birthplace Wash, Co. md	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Hannale Young.	
14. Maiden name Dannah Jonna. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	Major fiudings of operations.
Q Drawle C St.	Autopsy results. Not done.
16, Interment 1160	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Boouslus Md. K. L	22. VIOLENCE: If death was due to external causes, fill in the following:
17 (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Domishus Mausseum	Where did Injury Occur?
Location Boonshue md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director CIM 2 Bart 43 ms	Means of Injury Injured at work?
Di il in mil	P0 + Y / 11
Address Doming Ma.	23. SIGNATURE Colvert 4. Readle
19. Sate rec'd by registrar)  Registrar	Address 132W. Wash St. Date signed 78 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

07664 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother)  State Maryland Rounty Washington
City or town (If outside city or town limits, write RURAL and give nearest town)	otate
low long in above place of death? 2 Weeks	City or town
dospital, instilution, or street address where death occurred:	Street No. 333 North Cannon Ave.
333 North Cannon Ave.	(If rurol, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war NONE
3. (a) FULL NAME	3. (b) Social Security Number
Daniel heikirk Jaylor	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, ofdivorced	MEDICAL CERTIFICATION
m M. married	20. DATE OF DEATH 2 19 48 21 2 -3
0.00 120 1	21. I CERTIFY that deal roccurred on the date above plated: that altended deceased from
5.(b) Name of husband or wife	The latest of th
7. Birth date of	ars and that I last saw h. Who affire on Jry 17, 194
deceased (mo., day, yr.) 20 - 15-18-5	Immediate Tupe of death
B. AGE: Years   Months   Days   If less than one day	10.
65 6 2mi	a horny och www.
Radia-128 mal.	Que la Compay antino Selm
9. Birinplace	Oue to
10. Usual occupation Tan	
11. Industry or business	098 10
	Other conditions MM2
12. Name	Other conditions
FO. Hampiace	(Include pregnancy within 3 months of death)
14. Maiden name Cla Forz  15. Oirthplace Red.	Major fiediogs of operations.
≥ 15. Oirthplace	- Date of op.
16. Informant hus. David M. Jaylon	Aotopsy results
Address 46-maline avz. Shirt m	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
0	22. VIOLENCE: If death was due to external causes, till in the following;
17. Burial, Garial, Which?) Oate thereof. 7/20/48. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)
Se. 00 - cat- 17 /24	Injured at home, tarm, industry, public place (where?)
Location	Means of Injury Injury Injured at work?
18. Funeral director. / Melvin Strider	Interest of training at Mother
Address Charlestown West Virginia	1 NO 1 moren Man
Cele 12 114 L- Granthaman	23. SIGNATURE M. D. or other
19 (Date reo'd by registrs) Registrs	Hogen me (No

MARGIN RESERVED FOR BINDING

VS A15

-JUL 20 1948

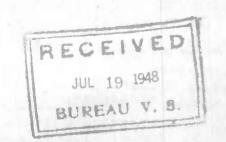
BUREAU V. S.

2411 N. Charles St., Baltimore

ATERS

9	6	0	061	(,0)
a	0	0	Reg Dist No	303

CERTIFICAT	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH:  Washington  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washington  City or town Big Pool (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) It veteran, name war.
3.(a) FULL NAME Louise Catherine Tedrick	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH July 10, 1948, 5.25 A.M.
6.(b) Name of husband or wife Daniel H. Tedrick  1. Birth dale of deceased (mo., day, yr.) Dec. 15, 1866  8. AGE: Years Months Days If less than one day 81 6 25 hrs. min.  9. Birthplace Washington County, Maryland (Town, county, and state)  10. Usual occupation. Home duties  11. Industry or business  12. Name Jacob Shank  14. Maiden name Washington County Maryland  15. Birthplace Washington County Maryland  16. Days If less than one day 25 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from  19.48. 10. 19.48.  Immediate cause of death.  DURATION  Due to
Address Big Pool, Maryland  Burial Dale thereot July 13, 194  (Burial, cremation, or removal. Which?)  Cemetery or crematory. Shanktown, Cemetery.  Location. Near Big Pool, Maryland.  18. Funeral director. Snyder-Rowland Funeral Home Address Clearspring, Maryland.  19. Control of the Contro	23. SIGNATURE David P. Quever M.D. or other



Ine correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

MOC

07666

# CERTIFICATE OF DEATH

er. Diat. No. 302

1. PLACE OF DEATH: Washington					2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infunts give residence of mother)		
City or town	Hage	rstown			Stete Pennsylvania County Franklin Co.  City or town Mercersburg (If outside city or town limits, write RURAL and give neurest town)		
How long in above place of death? Few Minutes  Hospital, Institution, or street address where death occurred:					City or town (If outside city or town limit	s, write RURAL and give neu	rest town)
I Mossitet, Institu	ition, or st	LEG! EMBLE25 MILELS .	section occurred	l: 	Street No. Park Avenue	LOCATION)	
		etitution?			2.(a) tf veteran, neme wer		
3. (a) FULL						3. (b) Social Security	
		Na.	than	E. Truax		179-07-	
4, \$e1		5. Color er rece		e. married, widowed, or divorced	MEDICAL C	ERTIFICATION at	gout
Male		White	Ma	rried	20. DATE OF DEATHJuly 1	1 1948 EDI	.10:10R
E.(b) Nems of 3	hysband or	wife May	Truax		21. I CERTIFY thet deeth occurred on the date eb		
,				c) If elive, give ege	19.		
7. Birth deta e1	e., day, yr.)	Augus	t 25.	1884	end that I test sew h		DURATION
8. AGE:	Yeare	Menths	Deys	It less then one day			
	63		16	hrsmin.	Fractured sk	ull	
9. Birthplace		Fulton	county, and	y, Pa.	Due to& Shock		
				atate)	Diher conditions  (Include pregnuncy within 3 months of death)  Major findings of operations  Dete of op.  Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to externet causes, fill in the following: Accident, suicide, or homicide Accident  agerston, Md.  Where did injury occur?  (City or jown)  (County)  (State)  tnjured et home, term, industry, pure place (where?) mi W. of Hagerst.		
11, Industry or							
S 12 Hame	Jos	peh F.	Truax				
		lton Co					
The second secon				X			
		Fulton					
Address		cersbur					
				7 15 10			
(Burlal, er	ematiun,	or removal. Which?	) H41	(month) (day) (year)  1 Bapt. Cem.			
1	The same of the sa				Means of thury struck by	autonjured et work?	
18. Funoret di	iractor	11.11-1	//	asson	2 .	DEPUTY	EDIÇAL EXAMI
Address	(	Her	chro	burg la.	23. SIGNATURE & Robert	Wells was	CO, MDi
Julie	1/2.	19.48	6	earth Bowers	Address starenstow	w M.D.	Q 11 4X
(Date yee	(Date see'd by registrar) Registrar				11 Address	Date solder	

RECEIVED JUL 14 1948

MARGIN RESERVED FOR BINDING

correct age

	Z
5	PLA
15. IS	ITE
4.6	WR
A15	ASE
VS A	PLE

13

MARYLAND STATE DEPARTMENT OF	HEALTH	Dr.	Richard	Campbel:
2411 N. Charles St., Baltimore	93		076	

OFF	 4	~=	-	
CERT	A I E.	OF	DE.A	MIH

	DEATH	Reg. Dist. No	302
-			

1. PLACE OF DEATH:  County. Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Cavetown Pike  How long in hospital or institution?	2. USUAL PESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3. (a) FULL NAME CHARLES SCRANTON WALLAGE	3. (b) Social Security Number None		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH July 21 19 48 at 4 P. M		
8.(b) Name of husband or wife Bessie  6.(c) If alive, give age 67 years  7. Sirth dale of	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from  2 19.48 10 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48 19.48		
deceased (mo., day, yr.) March 24, 1873	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
10 10 151	arouary distant.		
9. 8irthplace Washington, Warren Co. New Jers 10. Usual occupation. Contractor 11. Industry or business Carpenter 12. Name. Charles Wallace 13. 8irthplace Washington New Jersey 14. Maiden name. Rebecca Bear 15. 0irthplace Broadway New Hersey 16. Interment. Mrs Bessie Wallace	Due to		
Address New Britian Ra.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Removal  17. Removal  (Burist, cremation, or removal, Which?)  Cemetery or crematory  Location  New Britian, Bucks Co. Penna.  18. Funeral director. Andrew K. Coffman  Address Hagerstown, Maryland  19. Cully 22,1948 ChaefBawers	Accident, sulcide, or homicide		
19. (Vitte rec'd by registrar) Registrar	Address Nagers Town, Md. Date signed 7/22/48		



Marketon and arrival and arrange

JUL 21 1948

RUREAU V. S.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

	1.05, 2.44		
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Hagerstown	state Maryland County Washington		
(If outside city or town limits, write RURAL and give nearest town)	City or town		
NOW LONG IN 20046 DISCE OF DESID			
Hospital, Institution, or street address where death occurred:  Washington County Hospital			
How long In hospital or institution? 24 House	(If rural, give LOCATION) None Veteran		
3.(a) FULL NAME	3. (b) Social Security Number		
George	• Weagley 705-10-4681		
4. Sex Male.   5. Color or race   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 20 20 19 25 21 1 P. 1		
Emma Mowen	21. I CERTIFY hat death occurred on the date above stated; that I attended deceased Ama 0. 7		
6.(b) Name of husband or wite			
6. (c) It alive, give age years 7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.)  S AGE Years Months Page (tless than one day)	Immediate cause of death		
8. AGE: Years Months Oays (t less than one day  5. 23 hrs. min.			
	Closed fractures of		
9. Birthplace Antrim Township, Frank. Co. Pa	Due to (L) tibia & fibula		
Blacksmith	arteriosclerotic coronary		
Western Maryland Rislroad	Due to heart disease		
11. Industry or dusiness	acute pulmonary artery Other conditions embolus		
John Weagley  12. Name Pa.	Other conditions Other		
E. 13. Birthplace	Atelectasis lungs of both baseligelide pregnancy within 3 months of death)		
E 14. Maiden name	Major findings of operation owing Na pentothol anesth		
14. Maiden name W	Date of op.		
t6. Informant Emma Weagley	Autopsy results as above July 26'48		
71 West Side Avenue, Hag, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address  12 Burial Gate Pherent 7-23-48	22. VIOLENCE: If death was due to external causes, till in the following;		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or arematory Cedar Hill	Where did injury occur?		
Franklin County . Pa.	Injured al home, farm, Industry, public place (where?) West Siles Case		
W. T. Norment	Means wintered leg gesternjured at work? The		
tB. Funeral director	- A DEPUTY MEDICAL FYAN		
Address/ Hagerstown, Md.	WASH. CO., MD.		
" (July 21 48 In hart Bowers	M. D. or other		
19. (Vate rec'd by registrar) Registrar	Address Address Andrew Market Signed 131.14		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

JUL 23 1948

BUREAU V. S.

of the all through mention

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)			
county Washington				1 Maria 2 1			
City or lown Breathedsville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 11 Mos 12 Days				TD - 7 4 3	County	*********	
				City or town Baltimore	mlts, write RURAL and give near	ost town)	
How long in above place	ce of death? or street address where	death occurred		(II outside city of town in	mises, write recreated and Bise ment	eat towny	
			ales	Street No. COO INC. Clf rural of	Street No. 603 No. Calvert St		
			12 Days			V	
				2.(u) is version, name was			
3. (a) FULL NAM	ME				3. (b) Social Security N		
CALVI	IN D. WEA	THERSP	OON		unable to	Locate	
4. Sex	5. Color or race	6.(a) Single	, married, widowed, or divorced	MEDICAL	CERTIFICATION	200	
Male	Colore	d Si	ngle	2D. DATE DF DEATH July 13	1948 19	1 1 A 1	
				21. I CERTIFY that death occurred on the date			
6.(b) Name of husban	d or wife		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19 47 7 10 200	13 19 48	
T Bith date of		6.(c	) If alive, give ageyea	and that I last saw h Luc alive on		19.40	
deceased (mo., day	yr.) Decem	ber 30	1916	Immediate vause ad death	// /	DURATION	
8. AGE: Yea		Days	If less than one day		0	DOMATION	
31	6	1.3	hrsmi	n. I De Lu	Le Melons	2400	
		-	-				
9. Birthplace W 1 I	iston-Sal	county, and a	sythe Co. No.	Ca. Mare to			
	Lahore					10 < < > > 0 < < < < > > 0 < < < < > > 0 > 0	
1D. Usual occupation	L	**************		Due to		***************************************	
11. Industry or busing		-			***************************************		
当 12. Name Wal	ter #eat	herspo	on	Dither conditions			
13. Birthplacer	inston-Sa	lem No	Carolina	(Include pregnancy withli			
<b>E</b>	No. R	ecord					
			······································	Major findings of operations	• • • • • • • • • • • • • • • • • • • •		
El 15. Birthplace	No Re	cora			Date of op		
16. Interment	State R	eforma	tory for Male	S Autopsy results	Autupsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address Bre	athedsvi	lle Md				tatistically.	
				22. VIOLENCE: If death was due to external			
(Burial, crematic	on, or removal, Whiele	Date there	(monet) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crema	lory Winst	on-Sal	em Censtery	Where did Injury occur?(City or tow	vn) (County)	(State)	
				Anjured at home, farm, Industry, public place	(where?)		
					Injured at work?		
18. Funeral director.		1.34			LN.O	0 1.1	
Address	Hager	stown	Md.	- I Theil	1. Yours	ud, up	
1.0.	12 11	2 1	1 X B. A	Z3. SIGNATURE	M. D. o	rother	
19. Date rec'dow	registrar)	7	Registr	ar Address Stageswar	M, MCC1 Date signed	1-13-40	
17. Buri (Burial, crematic Cemetery or crema Location	Andrew Hager	alem F K. Co	orsythe Co. N. ffman Md.	Accident, suicide, or homicide	wn) (County) e (where?) Injured at work?  Courte M. D. o	(State)	

JUL 16 1948

RIIREAU V S

PLEASE WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Md. County Hashington
(If outside fity or fown limits, write RURAL and give nearest town)	16:01:01
How long in above place of death? 23 415.	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Martha, Ellen	3. (b) Social Security Number
4. Sex   5. Color or rac   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White W	20, DATE OF DEATH. 222, 27, 19 56 21, M
0.00.911/200	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	7. 10 - 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
T. Birth date of San	10/6/2
deceased (mo., day, yr.) Hele 27 1871	and that I last saw h a failer on DURATION
8. AGE: Years Months Days It less than one day	Immediate chase of death.
77 5 0hrsmin.	10014 AMENUMANTELLE
Lanto md.	Que to
9. Birthplace Town, county, and state)	uue to
10. Usual occupation. House Dules	Due to
11. Industry or business	upe to
	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
H 14. Maiden name Catherine Fisher  15. 8irthplace Md.	Major findings of operations
E 15. 8irthplace Mel.	
16. interment Love a. Wolf	Antopsy results
Address Sabillasville md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 10 7/20/10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriat, cremation, or removal, Which?)  Que thereol (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
allate 11 Strate	Means of injury Injured at work?
18. Funeral director	1186/201
Address & 11. Church St., Wagnestoro Va	22 SIGNATURE TO SOUTH
10 July 29 1048 100 St Tonguson	M.D. or other
(Date rec'd by registrar) Registrat	O stoffer ( 1 2 ) 12   12   12   12   12   12   12

CHRISTICAL STANFORMS

